The American Journal of
NURSING

VOLUME XXVIII SEPTEMBER, 1928 NUMBER 9

The Treatment of Burns with Special Reference to the Use of Tannic Acid[1]

BY STANLEY J. SEEGER, M.D.

THE surgical literature of the past few years reflects a renewal of interest in the treatment of cutaneous burns. This is most fortunate, for no class of sufferers has a greater right to demand the utmost in skill and science. In the last few years, excellent contributions to various phases of this subject have been made by Davidson, Goldblatt, Bancroft and Rogers, and Ravdin and Ferguson.

It is my purpose to present the method of treatment with tannic acid which was first advocated by Davidson, to report briefly our experience in the treatment of burns at Milwaukee Children's Hospital, and to bring to your attention the method which has been developed by Berkow for the estimation of the body surface involved.

TABLE 1.—RELATIVE SKIN AREAS ACCORDING TO BERKOW

Adult

Trunk	38%
Lower extremities	38%
Head	6%
Upper extremities	18%

[1] Presented before the 80th annual meeting of the State Medical Society of Wisconsin, Eau Claire, September 22, 1927, and published in the *Wisconsin Medical Journal*.

TABLE 2.—RELATIVE SKIN AREAS ACCORDING TO BERKOW

Children

Trunk	40%
Upper extremities	16%
Head (12—age in years)	+6%
Lower extremities, 38—(12—age in years)	

The treatment of superficial burns with tannic acid is based on the theory that there is formed at the site of the burn a toxic substance, the absorption of which is responsible for the constitutional reaction. The excellent pathological report made in 1909 by Dr. C. R. Bardeen, of the University of Wisconsin, based on the study of five fatal cases in children, is one of the earliest contributions upon which this theory is based. The recent experimental work of Robertson and Boyd has demonstrated quite conclusively the existence of such a toxin in the blood stream following extensive burns. It would seem, both from clinical experience and experimental facts, that the rational manner of combating the toxin would be some form of local treatment which would prevent the absorption of autolytic products of protein decomposition. This may be accomplished (1) by arresting the autolytic process; (2) by

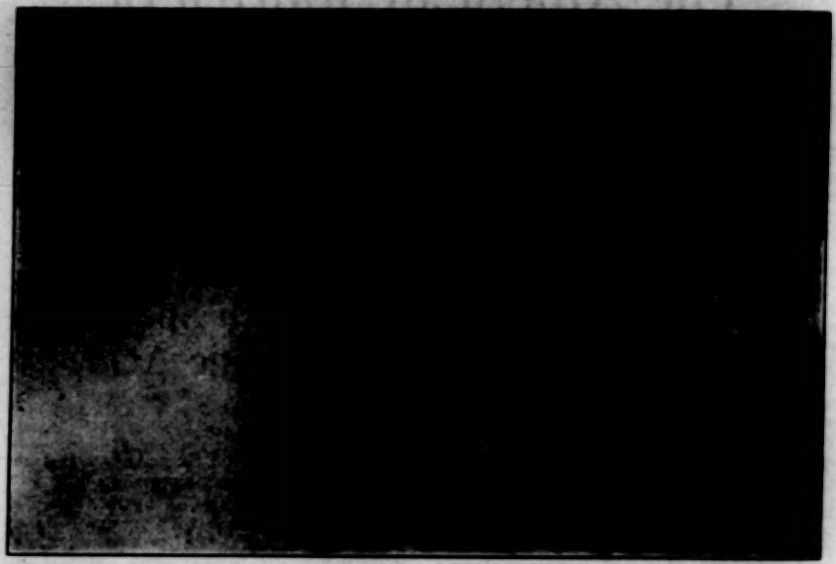

FIGURE 1. Boy, aged four. Twenty-seven per cent of the body surface involved in a burn resulting from boiling water. The burn was almost entirely one of the third degree and involved the head, face, neck, shoulders and chest. The picture was taken six days after the burn and illustrates the membrane formed by tannic acid.

removing the products of decomposition mechanically or by baths; (3) by slowing the process of absorption by the use of vaso-constrictor drugs; (4) by causing a local coagulation of all devitalized tissue.

Tannic acid is a non-nitrogenous, amorphous powder which is readily soluble in water, glycerine, and alcohol, but insoluble in ether and chloroform. It precipitates proteins, alkaloids, some glucosides and the salts of the heavy metals. It forms a less stable compound with the protein constituents of the body fluids and cells. When applied to a burned surface in dilute solution, further penetration into the deeper-lying protoplasm is apparently prevented by this action and the true astringent effect appears to be limited exclusively to the most superficial layers of tissue. It is evident that tannic acid might be efficacious in precipitating poisonous material in burned tissue and thereby prevent its absorption. The method of procedure, outlined by Davidson, is as follows:

> The burned area is covered with dry sterile gauze pads which are held in place by sterile gauze bandages. This dressing is then soaked with a 2.5 per cent aqueous solution of tannic acid. This is thought to be the most desirable concentration, although solutions as dilute as 0.75 per cent, and as concentrated as 5.0 per cent have been used in some cases described. It is essential that the tannic acid solution be made up fresh just before use, because it deteriorates upon standing with the formation of the far less astringent gallic acid.
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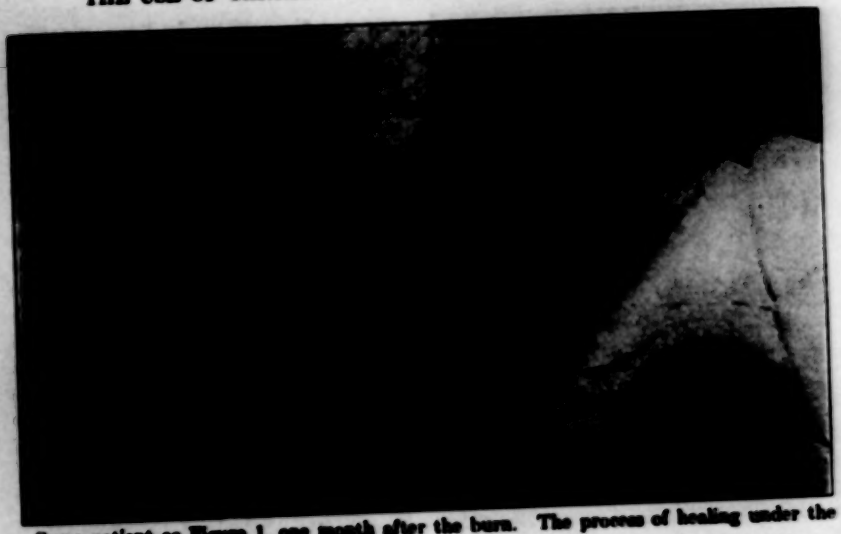
> In order to prevent the deep caustic tissue injury, found by Schmitz to follow the application of concentrated tannic acid, small sections of the dressing have been opened for inspection at the end of twelve hours, eighteen hours, and again at the end of twenty-four hours. As soon as the part is found to have assumed a light brown color, all dressings are removed. In order to facilitate removal of

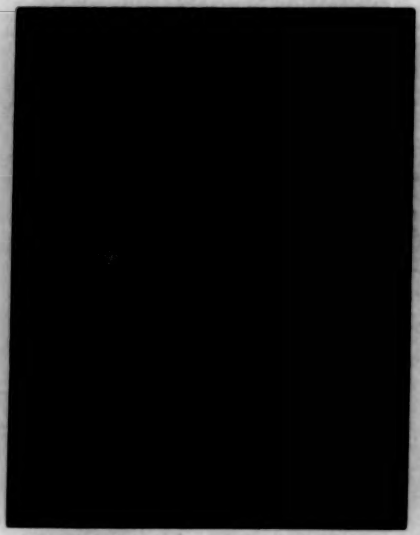


Same patient as Figure 1, one month after the burn. The process of healing under the tanned membrane is very well illustrated.

the dressings, without pain to the patient and without causing further trauma, it has been found desirable to wet the gauze with fresh tannic acid solution shortly before this is done. The wound is thereafter left exposed to the air, but is carefully protected from mechanical injury, chilling, and bacterial invasion, by a suitable cradle draped with sterile linen. Artificial heat also has been supplied by placing within the cradle, so prepared, one or more ordinary electric-light bulbs.

This method of applying tannic acid may be modified and probably somewhat improved by spraying the burn frequently with the solution. The burn is covered with a fine spray every half hour until the skin becomes brown or black. Blebs are opened as soon as they form and the epidermis removed whenever it separates. The burned area is then exposed to dry heat. Exposure to air seems to facilitate the process of tanning and exposure to heat hastens drying of the coagulum. An extensive burn can be coagulated completely in sixteen hours. A smooth impervious surface is produced which is entirely insensitive. It is this method which we prefer at Milwaukee Children's Hospital. If tannic acid be applied by compresses, the coagulum sometimes adheres to the compress and when removed leaves a raw surface. For household use, it is easy to remember that four teaspoonfuls of dry tannic acid powder to one glass of water makes approximately a 2.5 per cent solution.

Control of toxemia, comfort of the patient, and the simplicity of the method are features which at once impress themselves. Hair follicles, sweat and sebaceous glands which are sacrificed by extensive debridement, are saved by this method of treatment. It has been our experience that secondary infection occurs but rarely, except in deeper burns, and in these instances it can be controlled very readily by incisions through the crust and removal of loose portions of it, and the application thereafter of moist dressings which are kept saturated with Dakin's solution. Davidson believes



Same patient as Figure 1, taken nine months after the burn. The only scar which caused any limitation of motion is that in the anterior axillary fold. This is quite loose and pliable.

that Dakin's solution is superior to boric acid solution for this purpose because there is less tendency to a secondary absorption of toxic material when the former is used.

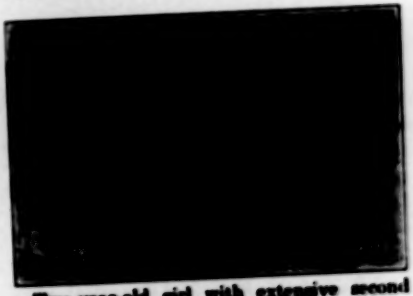
Children's Hospital Experience

IN the past five years, eighty-three children have been admitted to the Milwaukee Children's Hospital suffering from burns. Sixteen, or 20 per cent, of these patients died. Thirty-three had burns involving 20 per cent, or more, of the body surface, so that the mortality of this group of more seriously burned patients is 50 per cent. The greatest amount of skin area involved in a patient who recovered was 30 per cent, there being two in this group. One patient had a burn of 37 per cent of the body surface and was treated by the tannic acid method. She was at the hospital for one month, and we had every reason to believe that she would have recovered. She was removed to her home against advice and died several weeks later. Two others who recovered had burns involving 27 per cent of the body surface and one, 25 per cent. One infant, one and one-half years old, recovered following a burn of 20 per cent of the body surface. With one exception, all of those who died had involvement of 30 per cent or more of the skin area. It should be noted here that children sometimes die following a burn involving a relatively small area. I have seen two children, not included in this series, who died following the scalding of one upper extremity which represents 18 per cent of the body surface. The average age of those who recovered was four and of those who died, two and one-half years. The average body surface involvement in those who died was 38 per cent. Thirty patients have been treated by tannic acid, and our conclusions coincide with those of Davidson and others as to its value. One of the most striking features is the analgesic effect of the solution. Several patients with extensive burns have required no opiate for the relief of pain and were entirely comfortable during their convalescence. Further dressing is unnecessary in many cases, and it is possible for children who are burned on the back and chest to lie on the burned area comfortably when they have been thoroughly tanned. The tanned membrane prevents the loss of body fluids and acts as a scaffold for the growth of young epithelial cells over the denuded areas. We have not had experience with this method of treatment over a long enough period of time to determine whether or not there is less scar tissue formation than after treatment by other methods.

No one method of treatment meets all of the requirements of every case which one encounters. In fact, the treatment of a severe burn requires, in its various stages, a broad knowledge of surgery and a constant reorganization of therapy. From our experience we feel that Davidson has added a very valuable agent to the methods already employed in the treatment of these serious accidents.

The estimation of the body surface involved in burns has often been inaccurate. Berkow has recently proposed a method of estimating the extent of lesions, the method being founded on the ratio between head, trunk and upper and lower extremities, and the total body surface. This ratio, or proportion, arbitrarily corrected to the greater seriousness of lesions of the chest, abdomen and genitals, is: lower extremities, 38 per cent; trunk, 38 per cent; upper extremities, 18 per cent; head, 6 per cent. In children, the proportions are different, the head and lower extremities varying considerably (and progressively) with age. To ascertain the proportions at a given age, the following rule is proposed: The trunk is 40 per cent; the upper extremities, 16 per cent. For head and lower extremities, subtract age (in years) from twelve and add the remainder to the number expressing adult proportion (6) for the head. Subtract the same amount from the number expressing the adult proportion (38) for the lower extremities. (See Tables 1 and 2.)

To estimate a lesion of the head, trunk, upper or lower extremities, the number expressing the proportion of that part is multiplied by the fraction expressing the relation of the lesion to the part. For ease in arriving at the latter relation, it should be borne in



Two-year-old girl with extensive second and third degree burns over the buttocks, perineum and back incurred when she sat in a pail of boiling water. This picture was taken five days after the injury and illustrates the typical smooth, firm, tanned membrane. This child recovered without infection of the burned area. With other methods of treatment it would have been impossible to prevent infection in a wound so near the anus. She was ready to leave the hospital in one month, and was entirely comfortable during her convalescence.

Six-months-old child with second degree scalds to the left side of the face, neck, chest and back. The picture was taken sixteen days after the burn, at which time the involved area was almost entirely healed. The primary tannic acid dressing was the only treatment necessary.

mind that the hand is one-fourth of an upper extremity; the arm is three-fourths; that a foot is one-sixth; a leg, two-sixths; a thigh, three-sixths of a lower extremity. The anterior surface of the trunk is 20 per cent; the posterior surface is 18 per cent. The trunk includes the neck; the lower extremities include the buttocks. If more than one part is injured, the lesion of each part is estimated separately, and the sum represents the extensiveness of the total lesion. It is preferable to classify the extensiveness of the lesion in each degree.

With some practice, the proposed method can be applied with facility. In so important a condition, it seems justifiable to spend a little time in estimating and recording carefully the extensiveness of the lesion. It also affords a method of classifying burns and gives one definite information on which to base a prognosis.

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Discussion

By M. G. Peterman, M.D.

I HAVE had occasion to observe the results of Davidson's tannic acid treatment for burns, as carried out by Dr. Seeger in our hospital, and have had occasion to compare the results with those obtained previously and concurrently with other methods of treatment.

I believe that our results with tannic acid have been excellent and in some cases marvelous. In the treatment of burns, especially in children, I was interested just this morning in looking through the books, three sets on surgery, and four on pediatrics, and I could not see enough information concerning the treatment of burns to be of any great value to any one, or any new ideas since the war.

In the treatment of burns, there are a number of factors to be taken into consideration, especially in children. I think the first and most important factor is the matter of absorption from the burned area, this split protein, this toxic substance, whatever it is, must be the primary consideration.

If the burn is seen early, I believe that the tannic acid treatment, by coagulating the protein, will take care of the problem. If the burn is several hours old and absorption may have started, I believe it is advisable to do exsanguination transfusion, 300 or 400 c.c. of blood, and transfuse the patient with the same amount of blood from the donor in the same group. It is not wise to wait until the symptoms of toxemia from burn appear, because the treatment at that time is of little avail.

The second consideration in the treatment of burns, of course, is the relief of pain. Tannic acid seems to be satisfactory in this respect, and it has not been necessary to add a local anesthetic to the solution.

Thirdly, burns must be protected

from secondary infection. Secondary infection always means further destruction of the tissue, granulation tissue, and extensive scarring. This protective coat of albuminate which tannic acid forms over the burned surface is very good protection against infection. Also this covering seems to help to preserve the little epithelial rests, epithelium which is left after the burn, so that in the process of repair we have the advantage of having saved all that might have been saved of the skin.

Then, too, the final results have been much more satisfactory in the small amount of defect left, especially around the face, than with any other treatment of burn.

Last of all, the treatment is simple. It is universally available and very easily applied.

Nursing Care of Burns with Tannic Acid Treatment[1]

By Lillie A. M. Bennett, R.N.

THE more promptly tannic acid is applied to a burned area following an accident, the better are the results from this treatment for burns.

The solution should be fresh every day. Twenty-five grams of tannic acid powder to 500 c.c. (or ⅗ of a drinking glass) sterile water make a 5 per cent solution. A 2.5 to 5 per cent solution is applied to the burned areas by means of a nasal atomizer. Spray every half hour until a smooth glistening mahogany tan has been produced. This will take 16–18 hours.

On the burned areas, where it is necessary to apply gauze dressings, when the surface is becoming well tanned, it is advisable to cut a small window in the gauze dressing to observe areas, in order not to tan too deeply.

Keep the patient in an electric light cradle, covered with blankets and sheets, leaving a small window at each end for radiation. An asbestos sheet should cover the top of the cradle, between it and the blankets. The cradle should be 24 inches from the patient to ensure proper radiation. Carbon light bulbs should be used, and four are necessary to maintain a constant temperature of 100 degrees F. in the tent.

Two room-thermometers should be placed in the tent in convenient places—one at the top of the cradle, and one near the body of the patient—so that the temperature may be watched carefully, and one of the lights turned off if the temperature rises above 100 degrees. Do not keep the patient's head under the tent unless the face is burned. If it is impossible to keep the patient in such a position that he will not have to lie on a burned surface, apply tannic compresses to these areas. Change but once daily; moisten every two hours.

There should be a daily examination of urine from the time of admission until the patient is discharged. Fluids should be forced. Record intake and output. Avoid saline cathartics and purges—use enemata, especially in the early stages and with extensive burns.

Liquid diet is given the first week, and if there is no kidney complication, the diet is increased gradually.

[1] This outline is the nursing care as carried out in conjunction with Dr. S. J. Seeger in the Milwaukee Children's Hospital.

Change the position frequently. Keep pressure off of all edematous parts, especially the head. Keep the patient in a position that will cause the least contracture of burned areas, by means of restraint bands and cuffs. If the burns are of the head and neck, it is important to elevate the chest with a pillow and allow the head to fall back.

All unburned areas should be carefully bathed daily to stimulate skin elimination of toxins. Even all small islands of unburned skin between the injured areas should be carefully washed with sterile water at the time of dressing.

As the burned areas begin to heal, and the crusts curl up, cut away the curled edges. Keep these healed surfaces well oiled every day. Do not remove the crusts unless they have been loosened by the formation of purulent fluid under them, or unless the patient shows symptoms of absorption of toxins.

After the removal of crusts from unhealed areas, apply perforated cellusilk. Apply 1 per cent Dakin's solution dressings. Change these dressings but once daily, but moisten them every two hours. After all infection of the burned areas has subsided, and granulating tissue is filling in, remove all dressings and expose to light during the day. At night, cover with dressings saturated with a sterile solution of camphorated oil and olive oil—equal parts. Have the child in a wheel chair or on his feet as soon as possible. In stages of exhaustion which often occur late in extensive burns, diet and strict hygienic measures are exceedingly important. Great emphasis should be placed on fresh air and stimulation of appetite.

If unhealed areas exist in the late stages, and skin graft is resorted to, it is highly important to keep the patient absolutely quiet, so that the dressings will be kept exactly in place.

Are Women Periodically Inefficient?

THERE has been much discussion as to whether or not menstruation interferes seriously with the efficiency of women in industry. There have been some who have protested that women should not be employed during this time, while others have declared that there is no real reason why women should be excused from work. A large number of our women workers feel that, if they should not be excused from work they should be spared a considerable part of the work.

This problem has been such a source of controversy that the Industrial Fatigue Research Board of Great Britain has devoted a great deal of research to it. In a recent report the Board has come to the conclusion that from the physiological standpoint, there is no reason why any special provision should be made for women during this period, except when actual disease is present.

To psychologists and psychiatrists these conclusions occasion little surprise. Their experience has generally suggested that the inefficiency that apparently comes during this period is more often due to attitudes of mind rather than to impaired physical efficiency. The suggestion which growing girls receive from parents and others that during this period they are ill, leads many to suffer a definite feeling of inadequacy which in fact does not exist except in the presence of actual physical disease. A sympathetic handling of the problem on the part of physicians and nurses, with an understanding of how women come to feel this way, will do a great deal to mitigate the actual feelings of disability women endure during this period, will favorably affect their efficiency, and will make for greater production at no expense either physically or psychologically to the woman worker.

The fact that the best investigators of the subject have qualified their conclusions by the statement "except when actual disease is present" makes it incumbent upon physicians and nurses to see to it that refractory or exaggerated cases of menstrual difficulty are provided with thorough medical examinations and study. ("Two Contributions to the Experimental Study of the Menstrual Cycle," by S. C. M. Sowton, C. S. Myers, M.D. F.R.S., and E. M. Bedale, M.D.

The Place of the Nurse in Mental Hygiene[1]

By William L. Russell, M.D.

THE character and scope of nursing are determined by the character and requirements of medicine. As these advance, nursing advances. As long, therefore, as the study and treatment of the individual sick person was almost the sole task of medicine, nursing was confined to the hospital ward and the sick room. When, however, medicine expanded into numerous specialties, and when preventive and social medicine took on large proportions, there was opened to the nurse a wider and a more varied opportunity. In the many activities and interests that have thus been opened to her, she has made for herself an important and useful place. In none of these, however, has it been necessary for her to depart widely from the types of knowledge and skill acquired in her training and practice as a nurse. The conception of the nature of illness, the basic principles of treatment and prevention, and the means for the promotion of health in which she was instructed have been adequate for all that was demanded of her. It has been necessary only for her to extend this knowledge, and to learn to apply it to new problems, to new tasks, and in broader relationships.

When, however, there is added to the tasks of medicine and nursing, problems relating to mentality and to the behavior of the human being as a psycho-physical organism or personality, knowledge and skill different in kind from those which have been considered adequate in medical and nursing practice, must be acquired. Mentality and behavior must then be observed and evaluated with the same precision that is now employed with reference to physical organs and functions. The character and treatment of major and minor disorders of mentality, and the rôle of mentality in the causation and cure of ailments and disabilities in which the more noticeable manifestations are physical symptoms and complaints, must be understood. It becomes necessary to view and to treat the patient in the setting of his past history and of his environmental relationships, and not merely with reference to his immediate and more obvious difficulties. A new conception of much that constitutes illness and disability, symptoms, causation, treatment, and prevention must be obtained. Formulations and vocabulary must be learned that, to the nurse and physician who have paid no special attention to mentality and behavior, seem to be new and foreign to medicine. To acquire some degree of special knowledge and skill must, therefore, be the first task undertaken before the nurse or physician can expect to contribute much in the field of Mental Medicine or Mental Hygiene. Thus far this field has been left altogether too much to the amateur, and to the quack medicine-vender and the mystical healer. It has been greatly neglected in medical and nursing education and practice, and now that the field has been rather suddenly illuminated and displayed in its broad and vital relationships, both the medical and nursing professions find themselves inadequately prepared to furnish the service and leadership expected of them.

Disorders of mentality and behavior have indeed always demanded the attention of physicians and nurses.

[1] Read at the Joint Session of the Biennial Convention, Louisville, Kentucky, June 6, 1928.

The great physicians of all times have never failed to emphasise the importance of attention to personality in the study and treatment of disease. Until quite recent times, however, only the grosser forms of mental disorders have been recognised as subjects for medical study and treatment. Medicine, therefore, and, following its lead, society have been satisfied with such organised provision as was needed to deal only with these forms and with the social problems which they occasioned. The "care of the insane" has, for many years, been almost the only issue that has received the attention and support of organised society. The earlier stages of the disorders, and the other types and forms that are now receiving attention, were either ignored or were attributed to causes that were not within the scope of medicine. The consequence is that now, when the character, varieties, and previously unsuspected prevalence of mental disorders, and the requirements for their proper study, treatment, and prevention are more clearly apprehended, the provision that is available is found to be entirely inadequate. In order to be convinced of this it is necessary only to compare, in any community, the hospital and other provision that are made for the study and treatment of mental disorders with those made for other forms of illness. Although, in accordance with the prevailing views, hospital provision has been furnished only for the grosser and more urgent forms of mental disorders, the number of beds required for even these exceeds that provided for all other classes of sick persons. Notwithstanding this great demand for hospital treatment, the total number of hospitals is less than 600, while the total number of hospitals for other classes of sick persons in this country is over 6,000.

A hospital for the treatment of the physically sick is a recognised essential of every well-organised community. Such a hospital is usually maintained and administered by a benevolent corporation. The hospitals for mental disorders, on the contrary are, in most instances, public institutions. Private philanthropy has, as yet, contributed little in this field, and over 90 per cent of the cases under hospital treatment are in the public hospitals. These have grown to enormous proportions, and are frequently so widely separated that they are not easily accessible to a large proportion of the people of the communities they serve. Even in the most advanced states, they are greatly over-crowded, and their administration and support are controlled mainly by policies and standards that have been inherited from the period when the main issue was to relieve the community of such cases of behavior disorders as could no longer be tolerated at large. These institutions were, when established, a great advance over the conditions that then prevailed. They have also been steadily improved, with the advances in medicine and nursing, and in social organisation and standards. It can be plainly seen, however, that radical changes must still be made in the policies and methods of organised provision for mental disorders, before the standards of hospital treatment and of medical and nursing practice and education in this field can be greatly advanced.

Nor does it appear that, in the general hospital development of the country, the mental problems of illness and disability have received very intelligent and serviceable attention. In most places, mental disorders are listed amongst the forms of illness that are not received at the hospital. This rule operates of course only with

reference to the most obvious forms, and is based on the prevailing ignorance concerning the varieties and degrees that are presented by the cases. No hospital can escape the problems of mentality in illness. It is also necessary, in every hospital, to deal sometimes with the grosser forms of mental disorders, such as delirium, suicidal depression, and delusional states. As a rule they are crudely and badly managed. A study made by the late Dr. Southard showed that in the treatment of the same type of delirium in several of the leading general hospitals, the death rate was twice as high as at the Boston Psychopathic Hospital. An investigation into the methods employed in the treatment of patients preceding their admission to state hospitals revealed that some of the worst instances of mistreatment were at general hospitals. At one of the leading general hospitals, patients suffering from delirium or other serious behavior disorder are transferred to "the cell" in the basement. A note in which this is frankly stated mars an otherwise superior clinical record. Within a few weeks a letter from the nurse superintendent of a high-grade general hospital, received at an equally high-grade mental hospital, contained a question with reference to the treatment of delirious patients: "Do you use shackles or restrain entirely with canvas sheets?" Psychopathic departments have, indeed, for many years, been provided at the municipal hospitals of the largest cities. These have, however, in most instances, been regarded as merely places of detention and observation, and have been controlled by the policies and standards that have prevailed with respect to all public provision for mental disorders. They have, however, shared in the advances that have been made in psychiatry and in medical and social organization and standards, and are exceedingly important agencies in the greatly broadened field that is now opened. The psychiatric department of Bellevue Hospital, New York, is to be reorganized with advanced standards and will be provided with a new splendidly equipped building to accommodate six hundred patients. Developments of this character are much needed for the advancement of psychiatric service, and of psychiatric medical and nursing education. There are indications, also, that in the future, psychiatric service will be more frequently provided at general hospitals. It is now more generally understood that mental disorders are of many varieties and grades, and that for many cases special structural provision and equipment are not required. It is realized, too, that many of the difficulties that have been met in the treatment of mental cases can be prevented or overcome by means of psychiatric medical and nursing attention and a single room or two. A visit to the Henry Ford Hospital in Detroit, or to the Strong Memorial Hospital of the University of Rochester, New York, at which large numbers of cases of mental disorders are received and treated in wards and rooms that are little different from those of the rest of the hospital, will convince the most skeptical. A service of this character must necessarily be somewhat limited as to the type of cases received, though not as much so as may be expected by the inexperienced. In order to be able to furnish at least temporary treatment in every form of mental disorder met in the hospital or admitted, and to provide the special requirements of psychiatric study and practice, a more complete development is necessary. At the university hospitals and wherever educational

work is engaged in, a psychiatric department or hospital is now considered to be one of the essentials. Wherever psychiatric service is established, the advantage to all departments of the hospital soon becomes apparent, and mental problems met in all classes of sick persons soon begin to receive the skilled attention which has, in the past, been too generally omitted. It would, perhaps, be venturesome to estimate the extent to which psychiatry is likely to influence and shape the medicine and nursing of the future. Both within and beyond medicine, however, a movement is occurring for the better understanding and management of personality and its problems. That this development, to which psychiatry is making the most substantial contribution, will exercise a profound influence in medical and nursing education and practice there can be no doubt. We may be justly glad and proud, at a time like this, that the body of knowledge and skill that has in past years been built up by medicine in its efforts to deal with mentality and its disorders as a health problem, is now finding a wider and more effective application.

The main interest and task of medicine and nursing are concerned with disease, its causes, cure, and prevention.

It is largely through the study of disease and its treatment that knowledge of its prevention has come; and, furthermore, treatment of individual illness must always continue to be a chief means of preventing it.

This quotation from Sir Arthur Newsholme is sufficient explanation of the preceding all too meagre reference to the hospital provision that has been made for dealing with mental disorders. Hospitals furnish the principal resources for the practical training of physicians and nurses, and determine the standards and methods that will be applied by them in other fields of practice. The future of nursing in Mental Hygiene will, therefore, be largely dependent upon the opportunities and standards presented to her in Clinical Psychiatry. It must be understood, however, that psychiatry is no longer the sequestered specialty that it was when the only task expected of it was the study and treatment of extreme cases, or "the care of the insane." Within the past fifteen or twenty years, its field has been immensely extended. A large group of cases presenting mental problems which were formerly treated by purely physical measures, or were left almost entirely to the designing and ignorant ministrations of the quack, are now recognised as subjects for psychiatric attention. Psychiatry is also looked to for aid in the more intelligent methods that have been introduced in the management of behavior problems generally, and in the measures employed for the advancement of mental health. Many new agencies have, therefore, been established in the form of out-patient clinics, psychiatric service in schools, courts, correctional institutions, welfare organizations, and in connection with public health work, and private medical and nursing practice. This development greatly enlarges the opportunity for physicians and nurses and constitutes their first line of advance into the field of Preventive Psychiatry and Mental Hygiene. Two major problems seem now to be presented to medicine and nursing: the one is to improve the hospital treatment of mental disorders and the methods of dealing with mentality in hospital practice generally. The other is to advance the education of physicians and nurses in psychiatry and in regard to mentality and personality in illness and disability.

The improvement of nursing and nursing education in the great public mental hospitals may be properly regarded as one of the major problems of nursing advancement. A remarkable opportunity for the accomplishment of a valuable public service is here presented to the national and state nursing organisations. These hospitals provide for over 90 per cent of the cases of mental disorders under hospital treatment. The number of beds is greater than that provided for all other classes of sick persons. Nursing and nursing education have not been developed in these hospitals to the extent that is required for the adequate treatment of the patients, and for the training of nurses in this field. The Nightingale movement, that brought to the nursing of the sick of other classes a great wave of popular interest and support and the services of women of superior intelligence and refinement, did not extend to those whose minds were clouded. Following in the wake of the movement, however, nurse training was introduced and, in the face of almost insuperable difficulties, schools of nursing have been developed. There was no support from without, and it was necessary to begin with the training of those already in the work, improving by means of special courses and utilising as teachers the most intelligent and experienced, looking to the general hospital schools for instructors in the principles and methods of general sick nursing. Notwithstanding the difficulties, the training that was thus accomplished raised the standards of personal attention given to the patients to an extent that was, probably, as striking as that accomplished by the first training schools at the general hospitals. Many of the schools thus established have steadily advanced, and provide excellent courses in both general and psychiatric nursing. The success that has been met, and the needs of the situation, indicate that this is the line of development that should be followed. Psychiatry is not a limited specialty like the branches of medicine that are concerned exclusively with special organs or parts of the body. It is concerned with the organism and its functioning as a whole. The fundamentals of all nursing must, therefore, be taught with special reference to the problems of mentality and personality. Experience has clearly demonstrated that only by this means will it be possible to build up a stable and progressive nursing service and advance the standards of nursing in this enormous and important field. The problem is so great and so important that, in shaping nursing education and standards by means of legislation and other organised measures, it should be given separate consideration. This has not always been realised and the advancement of training and of nursing standards in the hospitals for mental disorders has, in some instances, been quite seriously embarrassed and impeded. The advancement of nursing and nursing education in these hospitals would be of advantage to all nursing. As they provide for nearly all the cases under hospital treatment, it would seem as though they would have to be the main agency for the training in psychiatry of the great body of nurses for whom this is likely to be required. And as they are public institutions, the nursing bodies might properly take an interest in securing separate appropriations and separate budgets for developing their educational resources. The value to the nurse of training and experience in this field has long been appreciated by a few of the thoughtful nursing

leaders. The following, from the introduction of a textbook of nursing which was much used a number of years ago, illustrates this:

> Good nursing in mental and nervous cases is far more exhausting and requires more intelligence and broader capabilities than those necessary for one who limits herself to taking care of fever or surgical patients. In cases of nervous disease the nurse is required to give of her best, the mental qualities standing for much more than physical labor. If a woman after having a good general training is successful in taking care of nervous patients, we need never fear to entrust her with any case of sickness.

The introduction of psychiatric medical and nursing service into the general hospitals would also be of great advantage in medical and nursing education. Much psychiatric material that could be used for teaching purposes could be identified both in the wards and in the out-patient department. The methods of case study employed by Miss Taylor at the New Haven Hospital are also, to a considerable extent, psychiatric in character, in that they teach the nurse to observe and evaluate the personality reactions and needs of the patients, and to direct treatment not only to his physical symptoms but to his mental reactions and his restoration as a personality and member of the social body to which he must return.

Between curative medicine and nursing, and the prevention of sickness and suffering, there is no sharp dividing line. Sir George Newman says that the great distinction of eighteenth century medicine was that it was the beginning of preventive medicine.

> Men began dimly to see preventive medicine, not as a small by-product of medicine dealing with "drains and stinks," but the primary business of all medicine, and concerned not only with disease, but with the physiological capacity and building up of the human species.

Sanitary science or hygiene has, however, grown to large proportions, and engages the attention and efforts of other branches of knowledge and practice than medicine, though clinical medicine and preventive medicine continue to be its foundation and bulwarks. They supply the principles and the understanding of the conditions and forces that impair health, on which the practical measures employed are based. They comprise also the aspect of hygiene that is best understood and applied by physicians and nurses.

Mental Hygiene, on the other hand, is a twentieth century product. It was made possible by the advancement of psychiatry, psychology, and medicine, towards a better understanding of the forces that operate in shaping behavior, and of the rôle of mentality in sickness and disability. The field of Mental Hygiene is therefore extremely broad, and the interest and effort of workers in other branches of knowledge and practice than medicine are enlisted in its application. The special contribution of medicine and nursing must, therefore, be accomplished in clinical psychiatry and preventive psychiatry, and in supplementing and coöperating in the work with others. Physicians and nurses should especially be alert to the relation of physical conditions to mental disorders. The acute delirium produced by infections and intoxications are met with in every department of medicine and nursing. Their prevention and management are not well understood or as carefully attended to as should be possible. Nor are the more protracted and less acute forms of mental disorders that follow infections and persistent toxemias clearly recognized and anticipated. Much can be done by physicians and nurses in medical, surgical, maternity, pediatric,

and every other branch of medical and nursing practice to prevent or mitigate the mental disorders that so frequently arise in the course of physical disease. It should be realised, too, that not a little of the suffering and distress that occur in physical illness are occasioned by mental factors, attention to which may contribute greatly to the relief and recovery of the patient. Wherever nursing is engaged in, there are opportunities for the employment of mental hygiene principles and knowledge. The conditions that produce the problems of mentality and personality so frequently operate in childhood that much of the effort in Mental Hygiene is directed to this period of life. The school is especially a strategical point at which to engage in mental hygiene work, and the school nurse has an exceptional opportunity. Not infrequently the problems met in the child are the result of home and family conditions. The private nurse, the visiting nurse, the public health nurse, and others who, in their nursing capacity, are brought into relations with situations of this character, are in a remarkably favorable position to bring to bear upon it knowledge and skill in Mental Hygiene. The physician and nurse are welcomed in the home as the messengers of relief, and few classes of workers so quickly establish themselves in the confidence of the family. The training and experience of the nurse bring her into intimate relationships with the fundamental problems of life and death. She is, then, in many ways, peculiarly fitted to engage in this field. All that is needed is the special knowledge and training, without which the nurse is in no way superior to the teacher, the intelligent parent, the social worker, and others whose task requires particular attention to problems of human adjustment. To secure this training is one of the problems that should receive careful attention. The resources for training referred to in this article should be improved and extended, and means devised for utilizing them. Nurses of superior character and intelligence are greatly needed for leadership in this field. The advantage of educational and social qualifications in enabling the nurse to understand and deal with the problems of psychiatric nursing and mental hygiene are plainly shown in the aptitude of the different students in a school of nursing connected with a hospital for mental disorders. Notwithstanding the difficulties that are unquestionably presented, there is no field of nursing that presents greater opportunities for original contributions, superior service, personal development, and the attainment of a satisfactory position. A considerable period of training and experience must first, however, be accomplished.

Organized Mental Hygiene has been undertaken by various committees and societies, notably the National Committee for Mental Hygiene. This Committee was established nearly twenty years ago through the efforts of Clifford W. Beers, who nobly turned to account the painful experiences of a mental illness for the benefit of humanity. The Committee has exercised a powerful influence in advancing psychiatric standards, and in fostering and in engaging in various forms of mental hygiene activity. Its interest and effort are directed mainly to organizing and field work, and for expert guidance and service it employs psychiatrists, psychologists, and social workers. The Committee has been instrumental in developing special courses for the training of these workers in Mental Hygiene. The social aspects of much of the organized work

in Mental Hygiene that is at present engaged in are such that even the instruction and experience gained in the psychiatric hospital, unless supplemented by special lectures and reading, and by out-patient work scarcely qualify for this field. It is necessary, therefore, for nurses who wish to engage in the work of the organizations to take special courses. The field is, however, broad, and it is within their power to develop mental hygiene interests and activities within their particular fields of work and development. Courses in Mental Hygiene are given in the training of nurses for public health work at the Western Reserve University and, I believe, at other educational institutions. The New York State Committee for Mental Hygiene is, this year, endeavoring to provide instruction in Mental Hygiene in schools of nursing which are known to furnish most of the nurses for the public schools. Nurses who have the required qualifications may also be admitted to the courses in the schools of social work. In a few instances, special means have been employed by nursing organizations to gain access to mental hygiene instruction and leadership in their work. Mental Hygiene is still a new development, and the means of its advancement have not yet been fully determined or organized. There can be no doubt that with the further advancement of psychiatry and preventive psychiatry and the absorption of much that belongs to them into the general stream of medical and nursing knowledge and practice, the place of the nurse in Mental Hygiene will become one of great importance and usefulness.

The following are lines of progress in which nursing, especially the nursing organizations, nurses in important executive and teaching positions, and nurses engaged in public health work, school nurses, and social welfare nurses, may use their influence and effort with advantage:

(1) The development at general hospitals of psychiatric medical and nursing service, to take the place of the present antiquated and crude methods of treatment and of indiscriminate exclusion of cases that could, by means of skilled attention, perfectly well be cared for.

(2) The introduction into general nursing education of psychiatric methods of observation and nursing attention, utilizing cases in the general wards of the hospital and out-patient department which present psychiatric and personality problems. (The case study methods employed at the New Haven Hospital provide a good start.)

(3) The further development of psychiatric and mental hygiene training in the education of public health nurses, school nurses, child welfare nurses, and other nurses who are required to deal with children's problems, and problems of personal and social adjustment.

(4) The advancement of nursing and nursing education in the public and private benevolent hospitals for mental disorders, and their utilization in the advancement of psychiatric training for all nurses.

Preventive Dentistry

EIGHTY per cent of the time and money that the average person spends with the dentist could be saved, in the opinion of the Bureau of Education of the United States Department of the Interior, if each permanent tooth as it appears in the mouth of the child, were given preventive treatment.

The decay of teeth is nearly always caused by irregularities in them which catch food and other foreign matter which sets up chemical action that eats into the enamel. If the teeth were smoothed in the beginning, they would catch none of this foreign matter and decay would never start. The work of the dentist in filling cavities would rapidly decrease.

There are irregularities in most teeth, particularly in the molars. It is because of these that molars are more given to decay than the other teeth. But even in the front teeth there may be depressions and grooves, so small as not to be noticed, that nonetheless cause trouble.

Finding Teaching Material[1]

By Lena Dixon Walker, R.N.

DEVELOPING the resources of our city for teaching material has furnished some of the most interesting events along the royal road to romance in teaching. In order to get a community to cooperate in supplying teaching material, one must have patience, tact and be willing to educate each individual to the point where he feels personally responsible for getting material to the person requesting it. This takes a great deal of time in the beginning, but once it becomes a habit it requires no more concern, for it works as a kind of modified reflex action.

In educating a community, it is necessary to give the members an intelligent understanding of the work required in both practical and theoretical teaching of nurses. Because we have lived and grown up with hospital training, we soon take it all for granted and are amazed that the public in general should know so little about the functioning of a hospital teaching unit. The psychology faculty of a high school were much surprised to know that nurses studied psychology, but once they were made to understand the mental set-up of the patient and the advantages of understanding a normal psychology, they were very much interested. When I asked the housewife across the street if she had anything moldy in her ice box, she told me she wasn't that kind of a housekeeper, but when she found how fascinating molds were and their relation to bacteria and that of bacteria to disease, she had a very different attitude, and now sometimes I think she lets things get moldy on purpose. I was astonished at the city dog warden who thought nurses were born knowing how to give baths. Our contacts have been many and frequent, and seldom a day goes by that we do not have a "present" for our institution from the community.

In the teaching of anatomy and physiology, we use the textbook as an outline and illustrate everything possible. This is just about everything! I like to take these in easy stages; a post mortem, to a student in training two weeks, is a bit gruesome. First we use specimens prepared by the packing house. In our city this requires a bit of red tape, but the officials have developed the habit now, so it works automatically. First it was necessary to educate the city meat inspector who is a graduate veterinarian. I showed him the outline and told him how I wanted specimens prepared—when I asked for a tongue, I wanted the tongue, hyoid bone, voice box and everything that went with it; when I wanted the heart, I also wanted the sack, lungs, trachea and esophagus; when I wanted vertebrae, I wanted everything from the atlas to the *end* of the tail; and I "didn't mean pork chops," as he explained to the head of the packing house. Now when I want a specimen, I call the meat market near the hospital. The call goes to the meat inspector and he in turn calls the packing house, where instructions are given to the head butcher that the meat inspector may call at a certain time. On the morning of the third day I get the kidneys or whatever I have requested. For the second stage we use dogs, to get the anatomical relation of the separate organs. Canton abounds

[1] Read at the annual meeting of the Ohio State Nurses' Association, at Youngstown, April, 1923.

in dogs! I went to the police department and asked for the chief of police. A big scowling sergeant sat at the desk: "He ain't here, he's over to the court house." I opened the wicket and walked across the room to the desk: "But you can do anything he can do, can't you?" His feet came down off the desk and he grinned at me from six feet two. "Yes, I guess I can do anything he can do." Then I carefully explained what I wanted and why I wanted it. On Friday the truck from the dog pound stopped with twenty dogs. That's *coöperation!*

The next thing to learn was how to put the dogs to sleep, for several hours at a time, in a way that would be satisfactory to the antivivisectionists. So with the curriculum and a book on anatomy, I called at the office of the county veterinarian and told him what I wanted. Our county veterinarian is one of the most scientific men of my acquaintance; veterinary medicine is never crude or empirical in his application. He said he would be very glad to help us and he came out and had the dog asleep and chasing rabbits in five minutes. The students asked him questions on rabies, anthrax, bovine tuberculosis, etc. I think he enjoyed those two hours as much as the students did, and he has continued to come, once every year, for a lecture on rabies and bovine tuberculosis in their relation to man. This talk is always well prepared and profusely illustrated. When he came out two weeks ago, he told the students that he was glad to have this chance to talk to them for he believed that few of us realized the rapid increase of rabies in animals and he wanted them to get a picture of the symptoms.

By this time the students are eager to see what a human being is like and are anxious for their first post mortem and all through training they never lose interest.

I called the county coroner and asked him to stop at the teaching unit the next time he came to the hospital. I wish you could know our county coroner; he is 250 pounds of Scotch-Irish-American. He was very much surprised to see how the nurses' curriculum had grown since 1900. "You bet we will have plenty of posts; we'll start them out with accident cases so they can get the normal anatomy and then we will give them some gross pathology."

The laboratory of the city health department has given us unlimited material and our tie-up with that department has given us a constant practical application of the subjects of bacteriology and sanitary science. The city bacteriologist has a copy of our outline and never lets us miss anything. She saves all interesting specimens of sputum, numerous throat cultures sent in by the school nurses, adulterated or dirty milk from the milk inspectors, frequent specimens of water or a good Widal. The bacteriologist from the Sanitary Milk Company supplies us with government pamphlets on milk requirements and demonstrates the gross bacteriological counting from several hundred farmers bringing milk into Canton, where there would be no time for incubation of plates.

I know that many of the smaller schools have well-equipped reference libraries and I hope they are appreciated. I say frankly that I envy them. If my fairy godmother ever tells me that I can have whatever I want for the teaching unit, I am going to say a reference library, straight off. After a rather discouraging process of evolution we have learned how to use the Public Library and have formed one of the most pleasant contacts in the

city. It is best to enlist the coöperation of the reference librarian because she knows the magazine files. She knows in which volume of *American Public Health* is an excellent bibliography of disinfectants and that Volume 48 of *Munsey's* contains a very instructive article on the history and advance of surgery. I call her and give her the subject on which I want references, always giving her three days if possible. There is no contact in the city that has given me a more pleasant feeling than the coöperation from the Public Library, for it has spread to all the librarians. I go to the library, or telephone, every Saturday, even if I have not asked for references, for they keep a list, entitled, "Things Aultman May Use" and every one finding suitable material adds to this list which I get at the end of the week.

Another "coöperator" that we have added to our list in the past year is the Board of Education, for the testing of intelligence of students. This has been a fascinating piece of work. The department head has been very enthusiastic and admits that his interest is purely selfish. When he tests a group, he is taking them as a cross-section of society, but with nurses we have a selected social group. When he tests high school Seniors, he gets an abstract rating of intelligence, but with nurses it is concrete. This is the outstanding question in the minds of all hospital principals: What per cent of nurses who can have an intelligence quotient of 115 in the quiet serenity of the classroom, can go over to the divisions and, in the hurry and confusion of a busy ward, be able to make an intelligent coördination of a dozen stimuli coming from a dozen directions at the same time? When the department head began to check up on the intelligence quotient of the first group of nurses, he was very much surprised and gave off a series of exclamation points like a string of firecrackers! I knew they were a group of bright young women and so took their ratings as a matter of course. He said: "But I don't believe you realize how unusual this is—that two-thirds of the class have an I. Q. that puts them in Class A." That man's education went a long way in the next five minutes. I reminded him that we were dealing with life and death propositions; that it was vitally important that we have women of more than average intelligence; that nursing wasn't a routine procedure of making beds and giving baths; that a course in nursing required more mental capacity than any high school course. At present he is coöperating on working out a very interesting psychological experiment on the curve of forgetting.

About two months ago I called the local Standard Oil office and asked if they had anything that could be used in teaching the paraffin series of the hydrocarbons. They were very courteous and referred me to their headquarters for the district which is in Cleveland. We wrote them, asking for any literature they might have on the chemistry or physics of the refining process and for a few samples. A month later, a representative of the company appeared. He was armed with a letter of introduction and instructions to call at the Teaching Unit of Aultman Hospital, to find what was wanted for teaching the paraffin series of the hydrocarbons. He said the request was very indefinite, a fact which I knew without being told. We went over the outline and I explained their use from a medical standpoint and why I wanted the students to have a scientific understanding of the subject. That afternoon was

one of the most thrilling of the present semester. When he began to realize how attractive the subject could be made, he became very enthusiastic. The grand finale was arranging for an expert chemist to come with a portable refining apparatus for a demonstration. When it suddenly dawned on me that I had the coöperation of The Standard Oil Company, I was a bit fussed; I was accustomed to getting everything I wanted, but I wasn't used to having it in truck loads with an expert thrown in.

In using teaching material from the community, I do not try to stick to the schedule. No, it won't lower the morale—if we have interest the morale will take care of itself. No matter at what time of the year teaching material is brought to us, we use it then, regardless of the subject being taught at that hour. If people are told that the subject was taught two months ago, they soon lose interest and won't bother. If we had studied mercury in December, and the coroner calls in February to say that he is doing a post mortem on a bichloride case, we have a ten-minute review on mercury and attend the autopsy and have the scheduled lesson on uses of iron and its various preparations the next day. If I am teaching yellow fever, and the president of the woman's club calls and invites us to hear a well-known speaker on psychology, we learn how to adjust our personalities today and have yellow fever at the next class period. We seldom change the class schedule but we frequently change the subject.

The Future of Private Nursing

A QUESTION in New Zealand as in America: "The question was recently asked: Are the days of private nurses over? It is a question difficult to answer. There is no doubt that, owing to the tendency of doctors to send their patients to some convenient private hospital, partly in order to economize time and energy in going from one place to another, partly on account of the facilities of treatment in a well-equipped hospital, the number of patients calling for a nurse to attend them in their homes has very considerably decreased.

It is almost unknown nowadays for a nurse to be called to an operation case in a private house. We remember the time when we went in advance to prepare the patient and room for even major surgical cases, taking with us from a private hospital the necessary dressings and instruments ready sterilized. The surgeon, arriving next morning, would expect to find everything ready, and after the operation the nurse would have the sole responsibility of watching the case and reporting to him any untoward change. There is also the tendency of the public, even those who can afford to pay private fees, to make use of the General Hospital far more freely than in the past.

"The extensive preventive measures now taken by the Health Department tend to minimize the epidemics which formerly called for more nurses than were available. Nurses should carefully consider the future of their chosen profession. They should not, as they qualify, rush to leave their training schools and swell the ranks of those waiting for private work. They should take advantage of the opportunities offered of postgraduate training and experience, and so prepare themselves for the developments which are slowly, but surely, evolving in the many branches of preventive work, and which will need exceptionally well qualified and experienced women."—From *Kai Tiaki*, the Journal of the Nurses of New Zealand, April 2, 1928.

Light Therapy

By Winthrop M. Phelps, M.D.

It has become an accepted fact that light fills a definite place as a drug or therapeutic agent in the treatment of disease.

It is important, therefore, to have a thorough understanding of what is meant by the term "light." There is throughout space a constant stream of radiation or waves which constitutes the electromagnetic spectrum. These waves are of different lengths—that is to say, the distance from the crest of one wave, to the crest of the next varies. This distance may be as long as a mile or more, or as short as the one-millionth part of an inch. There are different ways of becoming conscious of waves of different lengths. The long ones usually are measured in meters and are familiar to all as radio waves. Thus, we say a given radio station has a wave length of 400 meters. We become conscious of these waves through complicated apparatus called radio receivers which turn them into sound. They are not sound waves, however, but are transformed into sound by our receivers. (Sound waves, as such, are waves in the air and not in the ether and hence do not enter into this consideration at all.)

Shorter waves than those used for radio are the heat radiations. These are measured in millimicra. (One millimicron is one one-millionth of a millimeter.) The heat waves extend from 720 millimicra to 12,000 millimicra in length. We are conscious of these waves as heat. They are given off by any hot body such as a fire, a hot iron, or a radiator. One can enter a dark room and be conscious of the presence of a hot radiator. The rays are given off by the radiator but they are not visible, any more than radio waves are visible. They are known as the infra-red or heat rays.

The next band of radiations or waves are those which we see as visible light. They measure from 400 millimicra to 720 millimicra in length, and adjoin the infra-red at 720. They are seen as different colors. Thus, violet is about 400 millimicra in wave length and red, at the other end of the visible color spectrum, is 720 millimicra in length. All the other colors lie between these two values. A combination of all the colors is seen as white and represents all the waves in the visible part of the electromagnetic spectrum combined.

The waves which are shorter still are again invisible and lie at the opposite end of the visible band from the infra-red or heat waves. As they lie beyond the violet, they are known as ultra-violet. These rays are given off by most sources of visible light along with the visible component. They cannot be seen, and a source of pure ultra-violet light would leave a room just as dark as the infra-red from the steam radiator. The so-called ultra-violet lamps radiate visible light with the ultra-violet and it is this visible part which we see, not the ultra-violet. We can only be conscious of ultra-violet light, itself, some time after being exposed to it. It manifests itself in the tanning of the skin. Visible light will not cause a tan and it would be just as easy to become tanned in an apparently dark room, containing a pure source of ultra-violet radiations, as in the bright sunshine.

There are many other rays still shorter than the ultra-violet in the spectrum, the X-rays and those rays given off by radium.

All of these rays are included in the

term "light" and therefore light therapy would theoretically include treatment by radium, X-ray, ultra-violet, visible, infra-red and by radio waves, if they had any action. However, they have none and can hence be dismissed. Treatment by radium and X-ray, also, is so specialised a field that it will not be considered here.

We have left to consider, therefore, ultra-violet, visible and infra-red light. The effect of visible light is not obvious to us because we spend half our time exposed to it. However, it has a very definite effect on growth, nutrition, color, etc. The most definite evidence of this is the difference between a plant grown in a dark cellar and one in the light. The former is small, white and very friable; the latter is large, green and tough. The effect on human beings would only be obvious by comparing a normal individual with one brought up in complete darkness. The reason we do not treat with visible light is because we are being continually treated with it throughout our waking hours, whether indoors or out, in sun or in artificial light.

Infra-red and ultra-violet are the chief considerations at present. Infra-red radiations, or infra-red light, are the heat rays and nothing more. Any hot body is an infra-red radiator. The most familiar ones are the radiators in the house. The hot air coming from a hot air register is not radiation, but "radiated air." For purposes of treatment, the sources of heat or infra-red radiations must be small, intense and easily handled. Many of these are simply hot electric light bulbs with a suitable reflector which give off visible light with the infra-red. Other types are made with an iron ring or coil of hot wire which gives off the heat without much visible light. But the chief aim is the generation of heat, and the efficiency of the apparatus, no matter how complicated-looking, can be determined by feeling the amount of heat generated.

The indications for the use of heat therapy or infra-red light therapy are well known. It is used to improve circulation locally, to bring about muscular relaxation, and to produce a somewhat analgesic effect in pain. It produces vaso-dilatation. It is usually spoken of as "baking" and is commonly associated with massage. "Bakers" are of many types. There is the hand-operated, single-bulb type which can be moved back and forth over the desired area. There is the multiple-bulb type which can be placed over the leg or back like a tent. There is finally the large cabinet bath which may have 30 to 40 bulbs within it. The infra-red light should be at such a distance that the heat is not uncomfortable and that burns may be avoided. This distance will depend on the intensity of the source of heat. The time should be not more than half an hour, frequently shorter, except in special cases.

Ultra-violet radiation, as has been said, is also invisible, but no satisfactory means of producing it alone has been devised. The important point to remember about ultra-violet radiation is that it will not pass, to any extent, through glass. Most sources of visible light are sources of ultra-violet light, but as most sources of light are enclosed in glass, the ultra-violet rays do not come through. The ordinary electric light bulb is a definite source of ultra-violet light, but because of the necessity of enclosing the filament in glass, very little of the ultra-violet is radiated. Therefore, effective sources of ultra-violet are those sources where there is no glass or where some other material, such as quartz, is used for a container.

All light sources also contain the infra-red radiation, the amount present determinable by the heat felt. The tungsten bulb which is cooler than the old-fashioned carbon filament bulb, has less infra-red than the latter simply because it is less hot. It is, therefore, a more economical source of visible light.

It is obvious from the above, that practically all light sources are radiators of all three of the types of light under consideration; namely, infra-red, visible and ultra-violet. It is also obvious that the per cent of infra-red is determinable by the heat given off; that the visible percentage is determinable by the brightness; and that the radiation of ultra-violet only takes place if the source is not covered by glass and the percentage can only be determined indirectly by chemical or electrical measurements or, slowly, by the amount of tan developed after exposure.

The dangers of ultra-violet light are not great. Over-exposure of the body will produce severe and painful burns which, however, do not seem to be dangerous. The ordinary burns by fire or a hot body are, of course, infra-red burns and everyone is familiar with their fatal outcome in extensive cases. But apparently ultra-violet burns are not as dangerous to life. They are, however, extremely painful. The effect on the eyes is a very painful conjunctivitis which clears up eventually, without much corneal damage. The eyes should be covered during treatment, because the intensity of the ultra-violet cannot be judged by the intensity of the visible light given off with the ultra-violet from the source. A given source may appear to be very dim, that is, to contain a low percentage of visible light and yet be very bright in the ultra-violet portion. A very short exposure of the eyes might in such a case produce a severe burn. Ultra-violet light tends to increase muscle tone. In cases in which the muscles are tight or strained as a result of injury or disease, ultra-violet light should not be used.

The beneficial effects of ultra-violet light that are known are very few. There is a regrettable tendency at present for the makers of commercial ultra-violet sources to advertise them for home use. They do advise consulting a physician before buying, but many people will not do this and the literature which physicians receive concerning the use of ultra-violet light from the manufacturers is sometimes misleading. Ultra-violet light has a curative action on rickets. This fact has been proved by Hess and is generally accepted. The effective rays are those of approximately 300 millimicra in length. If a given ultra-violet light source does not include this band of rays, it is useless in the treatment of rickets. The mercury-vapor arc, enclosed in a quartz tube, loses its shorter ultra-violet waves with age and hence an old mercury-vapor quartz light will have no effect on rickets. A record should, therefore, be kept of the "age" or number of hours of use of all mercury-vapor quartz burners.

The effect of ultra-violet light is a general one in proportion to the amount of skin exposed and it does not penetrate through the skin more than a millimeter or two. Hence, the exposure of a given area of skin for the cure of some underlying, deep disease, such as infected glands in the neck, will have no more effect than the exposure of a given area of the same size elsewhere on the body. But the speed of cure will be in direct proportion to the amount of body surface exposed, no matter where the underlying pathology is.

The exceptions to this are skin diseases, where the lesions can be reached without the necessity for penetration. In these cases, only, local treatments are useful. Certain skin conditions are improved by ultra-violet light, others are either not affected or are made worse. Reference must be made to standard works on dermatology for further information on this subject.

At present, we know that ultra-violet light tans the skin, is an aid in the cure of rickets, and increases muscle tone, and that is about all. As regards local effects we know that it has a slight bactericidal action, but that it does not penetrate through the skin to any extent and that this effect is only useful on surface conditions. It is only slight, and to expect to sterilise an infected wound with the light is useless. We know that ultra-violet light has a beneficial effect on some forms of skin disease. It has very slight effect on pain of any kind, either locally or generally. One often hears, for example, of using ultra-violet light in cases of neuritis. The only possible effect it could have would be, in the first place, a general one, as the nerves do not lie on the surface and the penetration is not great enough to reach them. The general effect might be such as to improve the condition sufficiently to help the body to throw off the infection causing the neuritis, but this could be accomplished in a much less round-about manner. Relief of the pain would be accomplished much more logically by the use of infra-red.

Small ultra-violet lamps are made with quarts rods as applicators, to lead the light into the nose, ears or a draining sinus; for example, in cases of infection. The effect is probably very slight and is traceable more to the better drainage obtained by the dilatation of the sinus than to any other factor. To cover the rod with mercurochrome and insert it without turning on the light would probably be as effective. In general, the local use of ultra-violet light is of little value.

The use of ultra-violet light in tuberculosis is still a disputed question. A multitude of statements have been made concerning the various effects observed, some of which are the results of well-controlled experiments and others of casual observation. The literature is so extensive that the separation of the wheat from the chaff is a complicated task. The best results in tuberculosis, so far, have been obtained from the use of "whole light," *i. e.*, ultra-violet, visible and infra-red, in the proportions reaching us from the sun.

It is interesting to note that the results obtained at high altitudes by sun treatment of tuberculosis, where the sun ultra-violet is intense, are very good. But it is equally interesting that treatment at sea level, on the coast, where the short ultra-violet is usually much less intense, due to the increased density and the moisture in the atmosphere, are equally good. This would seem to prove that it is not the short waves in the ultra-violet which are essential to the cure of tuberculosis. Hence, a source of light which contains the very short waves is not so necessary in tuberculosis as in rickets, but a source more nearly like the sun.

The nearest approach to whole sunlight which is available, containing all three elements, is the white-flame carbon arc. This source of light is not covered by glass and therefore transmits all of the rays which are generated. It is not enough to use any carbon arc, as there is, in the first place, a great difference in carbons.

Pure carbons with solid cores do not "flame" to any extent when viewed through dark glasses. There is merely a direct arc of light extending from one carbon tip to the other. In these arcs there is very little ultra-violet and a preponderance of infra-red, not simulating the sun very closely. Carbons are, therefore, made up so that besides the straight arc there will be a spreading of the light as a flame. The cores of the carbons are impregnated with chemicals in order to produce this flame effect, and to give differences in color and relative ultra-violet, visible or infra-red percentages. It has been found that the "white flame" carbon will most nearly simulate the sun.

Another factor of importance is the amount of current used and the diameter of the carbon. If carbons of less than one-half inch in diameter (12.7 mm.) are used, the resulting light is still poor in the ultra-violet and too rich in infra-red. This is also directly in proportion to the current in amperes. If amperages of less than 25 are used, the same difficulties arise. Higher amperages are satisfactory, but complicated, because of the heavy wiring necessary. For arcs of even 25 amperes, heavier fusing of the circuits is necessary than is often allowable in house wiring. For satisfactory carbon arc therapy, therefore, special wiring installation is necessary and such a light is not likely to come into widespread use in the home. But for institutional and office purposes, in the treatment of bone and glandular tuberculosis, it is by far the most satisfactory substitute for the sun.

There has been criticism of the treatment of pulmonary tuberculosis by light. Experimental work has in some cases shown that the animals treated with light gave evidences of untoward effects at autopsy. This is probably due to the infra-red component, as the change noted was a chronic passive congestion of the lungs, and would not be produced by the quartz mercury-vapor arc in which there is only a low percentage of the hot infra-red radiations. In many sanatoria, therefore, the mercury-vapor quartz arc is used in pulmonary tuberculosis. In all other forms of tuberculosis, however, the white flame carbon arc on 25 or more amperes is decidedly preferable as a sun substitute.

Small carbon arcs of low amperage are valueless. It may be seen that there has been associated with light therapy a supposed miraculous or unknown factor which does not exist. If a few facts concerning light are borne in mind and common sense applied to their use, there is much to be gained from light as an adjunct to the treatment of disease.

Summary: Ultra-violet, visible, and infra-red light are all given off from all light sources, including the sun, but the percentages of each differ with the source employed.

Visible light, either sun or artificial, has a definite effect on life and growth, but this effect is not obvious, as we never see an individual not exposed to it. Ultra-violet light will not pass through glass, causes tanning of the skin, and has certain helpful effects in rickets and tuberculosis. It also has a very slight antiseptic value. Infra-red light is radiant heat and produces sweating and vaso-dilatation. Ultra-violet and infra-red have opposite effects on muscle tone; ultra-violet increases tone; infra-red tends to produce relaxation.

The sun is the best source of whole light available. The white-flame carbon arc of 25 or more amperes is the best approximation of the sun.

The mercury-vapor quartz light is the richest source of ultra-violet light

when ultra-violet especially is wanted. The light treatment of rickets is best accomplished by means of the mercury-vapor quarts light.

The light treatment of tuberculosis is most satisfactory using the sun as a source and the carbon arc as an auxiliary source.

Affiliation

By Anna C. Jammé, R.N.

THE construction of a nursing curriculum contemplates, broadly, a basic course and advanced elective study; its content is now fairly defined. It is divided into five major groups; namely, medical nursing, surgical nursing, obstetrical nursing, pediatric nursing and psychiatric nursing. Embraced within each of these major groups are related sub-groups, as in medical nursing there is included communicable disease, dermatology, dietetics, materia medica. In the surgical group, there is included gynecology, orthopedics, urology, otology, ophthalmology, nursing in emergencies. In the obstetrical group there is prenatal, post-natal nursing, hospital and home care of mothers and babies. The pediatric group embraces nursing of sick children in medical and surgical diseases, as also growth and development of a normal child. Psychiatric nursing, dealing with mental conditions, is studied in institutions devoted to the care of mental patients.

For convenience of handling, the nursing curriculum has been broken up into different subjects which are, however, intimately related to each other. They merge into one another and may be grouped and re-grouped as a new point of view develops. It is often difficult to preserve separate entities in the so-called sub-groups and the line of demarcation is frequently obliterated by the teachers of the various topics. Hygiene, bacteriology, communicable diseases cannot be separated; chemistry, physiology, nutrition refuse to remain apart; medical diseases and materia medica must be studied together. Again, there is further inter-relation of one with the other in the development of the entire study. On the practical or clinical side of the curriculum, there are also more or less unstable boundaries. We set up units and many times they cannot be wholly preserved. Nursing is a broad field of study and if we can hold to definite principles in our concept of nursing education, the part played by the schools finds its place in the larger scheme. With the knowledge that is now prevalent, the school may readily analyze all of its facilities for meeting the needs of instruction and experience, ascertain where weakness exists and, if necessary, consider arrangements for affiliation with another school.

In arranging for affiliation, certain cardinal points should be considered: First of these in importance, is the standing of the school in which the affiliation is to take place. Thought must be given to the attitude of the school sought toward affiliation, the standing of the faculty, its capability of handling students from other sources in the matter of instruction, nursing, discipline, and protection of health. Second, the terms of the agreement between both schools.

There should be a written agreement entered into and signed by each school. This agreement should incorporate the matter of theoretical and practical instruction such as classes, clinics, observation trips, ward experience, case records, case studies, the number of students involved, the date on which they should enter, and the length of time to be spent in the affiliating school. The agreement should specify the type of record to be kept by the school giving affiliation and the reports to be submitted to the parent school. It should contain a disciplinary provision which may cover the need of returning a student to the parent school during the term of affiliation. The allowance to be given to the student, physical examination on entering, and care during illness may be included. The latter two points are important, especially in an affiliation for pediatrics, tuberculosis and communicable diseases. A physical examination may be made before the student leaves the parent school and immunization, in so far as possible should be done, if it has not previously been attended to when the student entered the parent school. Provision for the termination of affiliation should be in the agreement and a notice of at least three months should be given by each school when it is desired to discontinue the affiliation. On the completion of the affiliation, the student's record should be handed to her for presentation to the director of her school and this should be incorporated into her record in the parent school and appear on her final transcript as an affiliating course.

Affiliation is not always easy to work out successfully. A director is often reluctant to send a student away at a time when her service is useful to the hospital and a student is timid when going to another environment. Affiliation may be facilitated and a happy viewpoint established if worked out in conference between director and student. The scheme of the course of instruction laid before the student, soon after her preparatory period, will indicate to her the reason for affiliation, the length of time it requires, and the approximate period in her course when it will occur. The student can then prepare herself and is not left in uncertainty. Teamwork between the director and the student on the curriculum establishes an intelligent co-understanding and a higher valuation of her work on the part of the student.

Affiliation should occur, as far as possible, at a time which is logical with the arrangement of the course. Instruction and practice basic to the affiliating course should previously be covered. Pediatrics or obstetrics should not be given prior to operating-room experience and a knowledge of medical diseases should precede instruction and practice in special diet work. Class instruction should run concurrently with practice; a lecture course in pediatrics should not be given in one school and practice carried on in another.

The problem of assignment of students to the various services in the hospital is a large and serious one, especially when the school itself is large. The division of students into groups may aid in working out this problem successfully. Affiliation for basic experience occurs more frequently in small schools connected with private hospitals, where the question of assignment is not so complex. However, affiliation is often necessary when the number of students exceeds the facilities at their disposal. This may be worked out on an individual basis by means of case records, and experience, if lacking, should be augmented by affiliation.

Elective Advanced Study

ELECTIVE advanced study is another question and presents a different aspect in affiliation. The basic curriculum is fixed by law and usage; the elective curriculum is more flexible and rests on a different basis. It presupposes an urge or demand on the part of the student and a desire on the part of the school to meet this demand. Electives should be considered about midway of the basic course, as by that time the student begins to see her way a little more clearly and looks forward to her future work in some definite field. This is an important period for both the director and the student; the latter is fortunate who has the counsel and guidance of a wise director who can aid her in selecting her future course. When a decision is reached, a plan should be well mapped-out and adhered to by both student and director.

The curriculum for advanced study should receive another type of consideration from that of basic work. It should be advanced beyond the basic and should be very definitely and completely outlined to coincide with the objective. Advanced elective study is often preparatory to university courses in nursing education and includes undergraduate duty, as for instance, in ward administration, nursing-school administration, teaching, operating-room administration, outpatient and field work, maternity, and infant welfare.

If advanced study is undertaken outside of the parent school, a form of agreement should be covered the same as for the basic study. The student requires this protection, the same as in basic work. On the termination of an elective advanced study, the student should be given a transcript showing the type of work accomplished as well as the full content of instruction which record should be incorporated in that of the parent school and appear on the student's transcript which is given to her on the completion of the three-year study.

Success in advanced work depends upon the value of the course, its content and arrangement, and upon the qualifications of the teachers. The election by the student is also an important factor. Usually the student is interested when it is her choice and she will put into it her best efforts. If she is intellectually and temperamentally fitted for the subject she has elected and if the conditions under which she pursues the study are right, she will make a success.

Affiliation offers interesting possibilities in rounding out a wisely developed plan of nursing education. There are compensations for the difficulties involved, not the least of which is the satisfaction on the part of the school in giving the student every opportunity for starting with an equipment of sound knowledge and experience on which to build her professional life; on the part of the student, a loyalty and gratification that a school has fulfilled its obligations to her, for a school has no greater asset than its loyal, contented and successful students. The growing interest of the student is giving impetus to our educational program; we cannot today publish an elaborate announcement and not follow it; the student demands an honest rendering for the years she gives to her nursing education.

History of Nursing in the Navy

By J. Beatrice Bowman, R.N.

Foreword

By way of interest, a few words about the establishment of the Bureau of Medicine and Surgery are recorded. The Act of August 31, 1842, Chapter CCLXXXVI, Stat. 5, page 579 is in part as follows:

Sec. 2. And be it further enacted, That there shall be attached to the Navy Department the following bureaus, to wit:

1. A Bureau of Navy Yards and Docks.
2. A Bureau of Construction, Equipment and Repairs.
3. A Bureau of Provisions and Clothing.
4. A Bureau of Ordnance and Hydrography.
5. A Bureau of Medicine and Surgery.

Sec. 3. And be it further enacted, That the President of the United States, by and with the consent of the Senate, shall appoint . . . from the surgeons of the Navy a chief of the Bureau of Medicine and Surgery, who shall receive for his services two thousand five hundred dollars per annum.

Sec. 5. And be it further enacted, That the Secretary of the Navy shall assign and distribute among the said bureaus such of the duties of the Navy Department, as he shall judge to be expedient and proper; and all the duties of the said bureaus shall be performed under the authority of the Secretary of the Navy, and their orders shall be considered as emanating from him, and shall have full force and effect as such.

It will be noted that the only Bureau that has suffered no change in title is the Bureau of Medicine and Surgery. It is also noted that the bureaus of Engineering, Navigation and Aeronautics, and the Office of Naval Operations, were not created among the original bureaus.

The first Chief of the Bureau of Medicine and Surgery had no rank conferred upon him by virtue of his office and he did not have the title of Surgeon General of the Navy. The first Chief of this Bureau was William Paul Crillon Barton, a Surgeon in the Navy, who served as Chief from September 2, 1842, to April 1, 1844. The first Surgeon General of the Navy and Chief of the Bureau was William Maxwell Wood, who served as Chief of the Bureau from July 1, 1869, to October 31, 1871. From March 3, 1871, to October 31, 1871, he had the title of Surgeon General of the Navy and the *relative* rank and pay of Commodore. William Knickerbocker VanReypen was the first Surgeon General of the Navy to have the *rank* of Rear Admiral and the pay and allowances of Brigadier General. William Clarence Braisted was the first Surgeon General of the Navy to have the rank of Rear Admiral and the pay and allowances of Major General.

In 1811 the Secretary of the Navy asked Dr. Barton, a Surgeon in the Navy, who afterward became the first Chief of Bureau of Medicine and Surgery,

> to throw together on paper such ideas as he entertained, respecting the proper and systematick mode of conducting hospitals and institutions for the sick.

The Secretary had been asked to prepare a report for the next meeting of Congress, but felt that a medical man was more competent to treat the subject. Dr. Barton prepared his paper for the Secretary but as the time was short, it was not so complete as he wished. A little later when he had more time, he amended the paper somewhat and made numerous additions to it. In 1814 it was published under the title of "A Treatise Containing a Plan for the Internal Organization and Government of Marine Hospitals in the U. S. together

with a Scheme for Amending and Systematising the Medical Department of the Navy." A copy of this book is in the Bureau of Medicine and Surgery and is treasured very highly. It is full of valuable and historical information.

Dr. Barton was a young surgeon and a perfect novice in the routine of ship duty. He had but recently left the Pennsylvania Hospital where everything was systematised and order and routine made the practice of medicine a pleasure. It distressed him very much to find that the ships of the Navy were so poorly equipped to care for the sick and he felt that the work of the Medical Department was of very little account because of the lack of supplies of all kinds, and even lack of suitable space for the sick men. He communicated his discouragement to some of his fellow officers aboard ship and expressed the feeling that he no longer wished to continue as their medical attendant if conditions were to be so deplorable. He received much encouragement from the officers and every effort was made to procure the necessary comforts for the care of the sick. In the preface of his book he states:

> In this situation, on board of a ship just refitted, commissioned, and equipped, I found myself without half the comforts and necessaries for the sick that the hospital department should have been supplied with; yet this department had been reported as replenished with every requisite article for a cruise of two years, and together with the medicine chest, had cost the government fifteen hundred dollars. There were neither beds for the sick, sheets, pillows, pillow cases, nor night-caps—nor was there a sufficiency of wine, brandy, chocolate, or sugar; and that portion which the storeroom contained of these articles, was neither pure nor fit for sick men.

With the aid rendered by the officers aboard ship who could understand his feelings, many improvements were made, and he states:

> I was not long concluding that if proper steps were taken to furnish the ships with sick-necessaries of a proper kind, the practice of medicine and surgery in the Navy, could be rendered not only more beneficial to the sick, but less offensive to the humane feelings of the medical officer.

There were no naval hospitals at the time Dr. Barton wrote his treatise but he made many recommendations concerning them. Even as long ago as this, 1811, he recommended that among the officers of the hospital, nurses should be included. Of them he says:

> The nurses whose number should be proportionate to the extent of the hospital and number of patients, should be women of humane disposition and tender manners; active and healthy. They should be neat and cleanly in their persons; and without vices of any description. They should reside in small convenient apartments adjoining the wards they belong to. They are to attend with fidelity and care upon all the sick committed to their charge; should promptly obey their calls, and, if possible, anticipate their reasonable wants. They should administer all medicines and diets prescribed for the sick, in the manner and at the times specified in their directions. They should be watchful of the sick at all hours and should, when required, sit up with them at night. They should attend the physician and the surgeon in their visits to the wards, to give information respecting the patients, and to receive orders and directions. They should make up all the beds, and keep the wards clean and should report to the assistant-physician and surgeons' mates, whenever it is necessary to have them washed; and should not wet them, when they think proper, for the sake of the sick, to omit it at that time. They should report all sudden changes in the disorders of the sick, and all deaths, immediately to the assistant physician or surgeons' mates. They should obey punctually all orders from their superiors; and should exact a ready acquiescence in their commands from the attendants under them.

When it is considered that Florence Nightingale, whose history needs no comment, was not born until 1820, the remarkable foresight of Dr. Barton in recommending, as early as 1811, that nurses be included among the officers

of the hospital, is astonishing indeed. After all, more than a century later, his ideas of what nurses should be and do are not at all ludicrous and one can easily detect today in the progress or evolution of the nurse, that nurses need and should have the same qualifications and ideals as a foundation of all nursing work that Dr. Barton deemed necessary at that time.

In the early history of the Navy, afloat, the care of the sick and injured devolved upon the surgeon and the surgeon's mate, with the assistance of members of the crew. The designation of the helper was changed from time to time, and he was a man of no special training or experience in the care of the sick. Some of the older retired men tell of very thrilling experiences at the hands of these appointed nurses who, after all, having had no teaching in that line of work could not be expected to be a finished product.

The discipline in military and naval hospitals has been of great help in the care of the sick. The patients are expected to help in every way possible and in Dr. Barton's book he recommends certain rules for the government of the patients. The first ones are interesting and amusing:

> Every patient in the hospital shall be obliged to wash his face and hands, and comb his hair before breakfast. Those patients who are unable to perform this ablution themselves, must be assisted in doing it, or have it done for them, by their neighbor patients or nurses of the ward. Such patients must be washed with lukewarm water.
>
> If any convalescents or pensioners neglect or refuse to perform this process, the nurse must deny them their breakfast until it is done.
>
> All patients in the hospital shall be obedient to the proper and legal orders of the nurses, assistant-nurses, ward-master, steward, matron, and indeed all persons in authority.
>
> It shall be the duty of patients in a sick ward, to reciprocate and interchange with their fellow patients, and sufferers in disease, such little offices of kindness, humanity and attention, as they may be able to afford, for the comfort and convenience of the whole.

Conditions improved gradually in the nursing work of the Navy, but it was not until June 17, 1898, that an organized nursing unit was established by Act of Congress. This unit was called "The Hospital Corps of the United States Navy," and its designation is the same today. The growth and development of the Hospital Corps has been gradual, but sure, and today this Corps is one of which the Bureau of Medicine and Surgery has every reason to be proud. It earned for itself an enviable record during the World War and its members were in the front ranks at every battle, or wherever there was any action. Over sixty per cent of the Hospital Corps of the Navy serving with the marines overseas were decorated, either by the French, English, Belgian, Italian governments, or their own. Not only in the Navy is the Hospital Corps known but it has a splendid reputation in the nursing world. The training schools at Portsmouth and Mare Island are recognized and the graduates are eligible for registration in their respective states, Virginia and California, after four years of training and experience.

The first trained nurses in the Navy were a group of women employed at the Naval Hospital, Norfolk, Virginia, in 1898, to care for the sick and wounded of the Spanish-American War. These nurses were neither enrolled nor enlisted and were not sure of being paid for their services. A verbal agreement was made that they should be reimbursed for their traveling expenses and receive moderate pay if the means could be found for this reimbursement. Later, they were reimbursed from a fund not appropriated by Congress. They served for a period of fifty days.

The Army Nurse Corps was established by Act of Congress on February 2, 1901, and in a short time demonstrated that the service of trained nurses was a step forward in the care of the sick of the Army. Early reports from the Surgeon General show that their work was of inestimable value.

The Bureau of Medicine and Surgery of the Navy then began its long struggle for a similar corps of women for the Navy. In 1902 a bill was introduced in the Senate providing for the establishment or organization of the Navy Nurse Corps. This bill, although somewhat similar to the bill which finally passed Congress, had one or two interesting clauses that were different. The range of age was from twenty-six to forty years, and nurses were to be relieved from active duty after fifteen years of continuous service or sooner if incapacitated from any cause originating in the line of duty. Those relieved from active duty were to constitute the reserve of the nurse corps and would receive pay not to exceed fifty per cent of the amount received by them when on active duty. The bill also provided that the nurses receive the same mileage as provided by law for officers while traveling under orders in the United States. The initial pay period recommended was $50 a month. This bill did not pass Congress.

In 1904 another attempt was made to get a bill through for the establishment of the Nurse Corps. This bill recommended pay of $40 a month for the initial pay period but made no provision for disability in line of duty, or retirement. This bill was not passed, either. For several years, the Surgeon General, in his annual report, had urged the enactment of legislation to create a corps of trained women nurses. In the report for the year 1907, he stated in part:

> Intimately related to the proposed reorganization of the Hospital Corps of the Navy, with greater efficiency as the objective, is the question of the employment of women nurses as a part of the Medical Department of the United States Navy, eligible for service at naval hospitals, on board hospital ships, and for such special duty as the Surgeon General of the Navy may deem necessary. . . . That women nurses are by natural endowment and special aptitude superior to male nurses for much of the duty required in the care of the sick and injured men is generally admitted; that their employment is compatible and would not conflict with the conditions arising from the military character of our institutions may be inferred from the experience of the Army, which acknowledges their work as deserving of the warmest praise; and we have only to look back upon their record of splendid service in modern wars to be convinced of their adaptability to service conditions and of their efficiency in institutions under military control. . . . In our hospitals where the more difficult, lingering and dangerous cases are treated, it has been found, under existing circumstances, impossible to give all invalids the scientific and careful nursing which their particular illness needs, and women nurses would solve the problem and put it in our power to meet these obligations in a manner befitting the responsibility and the time. Moreover, in addition to supplying more efficient medical and surgical nursing than is now obtainable, valuable services could be rendered by the trained women nurses in teaching the men of the Hospital Corps their special duties in caring for the sick, so that when they come to serve on board ship or at distant stations they will be prepared, with greater surety, to render services in accord with the best usage. . . .
>
> It is impossible to find adequate reason for the difficulty experienced in obtaining favorable Congressional consideration of such a meritorious measure of relief. Economy itself dictates this provision. The desirability of trained women nurses in the medical branch of the naval service has for five years been urged upon the Department and, with its permission, upon Congress. The Bureau's representation of this measure, the importance of which it urges, has been persistent and forceful, and it has been explained how the lack of proper nursing means greater suffering. The officers and the enlisted men enter the Navy with the assurance that they will be taken care of when

disabled by disease or wound or injury. The Government supplies physicians and surgeons, splendidly equipped hospitals, and complete emergency facilities on every ship. The most serious omission in this excellent establishment is the want of that skilled nursing which civil institutions enjoy.

In 1908 the Secretary of the Navy, in his recommendation to the committee on Naval Affairs, called attention to the great need for nurses and embodied in his report the statements of the Surgeon General. A bill was introduced which was very brief and to the point, asking for the establishment of the Nurse Corps, but Section 3 read as follows:

> That the superintendent, chief nurses, and nurses shall receive the same pay, allowances, emoluments and privileges as are now or may hereafter be provided by or in pursuance of law for the Nurse Corps (female) of the Army.

This bill passed Congress and became a law on May 13, 1908.

As soon as the nursing public learned that the Bill had passed, there were many applications for appointment to the Nurse Corps and several applied for the position of Superintendent of Nurses. At that time, the candidates were required to take an oral and a written professional examination as well as a physical. These examinations were conducted in Washington so it was necessary for the nurses to travel at their own expense to Washington and bear their living expenses during the period of time required for the examination, which lasted for about three days. They then returned to their homes, if necessary, to await appointment. Naturally, at this time, the applicants were mostly from the East coast, as those from farther away could not bear this initial expense.

The nucleus of the Navy Nurse Corps, established in 1908, was a superintendent, a chief nurse and nineteen nurses. The chief nurse and the nurses were assigned to duty at the Naval Hospital, Washington, D. C. There were no quarters for them but they were given an allowance for quarters and subsistence. They rented a house and ran their own mess. These pioneers were no more welcome to most of the personnel of the Navy, than women usually are when invading what man calls his domain. The welfare of the patients was the one object in having nurses and the patients, as a rule, were most grateful to see them. Paradoxical as it may sound, men are men when strong and healthy, but when sick, they are not men but patients. As few were immune to sickness or injury, the number of patients who reverted to type and became men again, carried quite a different feeling for women, that is, nurses, in the Navy. The knockers became the boosters and Father Time did the rest. It sounds untrue, but some of the older medical men in the Navy were the strongest opponents of the Nurse Corps. Most of these doctors had not worked with nurses in civilian life and some of them had gone into the medical work of the Navy to get away from women patients and incidentally their nurses. They disliked petticoat government in the wards of the naval hospitals very much.

Some of the older doctors do not like to admit that nurses have been of any special benefit in the Navy and one of them is recorded as having said that, if he were ill and needed care, he would prefer a hospital corpsman to a nurse. When he is a commanding officer of a hospital, as he has been for many years now, he not only wants nurses, but more nurses, and frankly admits that he cannot run his hospital acceptably without them. Evidently, he considers them a necessary evil that must be used to advantage.

In 1909 the corps was doubled in number and the promotion of three chief nurses was authorised. It was found that nurses were reluctant to assume the expense incident to appearing in Washington for the required examination, so the Surgeon General directed that the applicants submit an original essay on nursing subjects in lieu of the written examination.

Early in 1909 nurses were sent to the naval hospitals at Annapolis and New York. There are many amusing incidents connected with the early days of nurses in the Navy. In the spring of 1909 the Commanding Officer of the naval hospital at Norfolk requested nurses. When women nurses arrived, he was very much surprised as he had had in mind hospital corpsmen, and had no idea that any others would be sent. No provision had been made for them and he was at a loss as to the best method of handling them. So it was with most of the Commanding Officers. The nurses themselves soon took command of the situation and demonstrated that they could easily fit in and would be a help rather than a hindrance. A little later, one Surgeon General in speaking of the nurses stated:

> They have endeavored to cling always to the high principles which have made their profession a blessing to humanity, and they have tried to demonstrate, by their ability and helpfulness, the necessity for their existence. They have tried to lift the burden of a particular situation, rather than increase the burden by personal demands and requirements.

The nurses have continued to prove their reason for existence in the Navy, not only in the care of the patients but in many other ways. After they became firmly established and more generally accepted, their field of work broadened. The question of the health of our wards in the outlying possessions of the United States had been an interesting one and arrangements were completed for Navy nurses to take an active part in this work. Training schools for native women have been established in Guam, Samoa and the Virgin Islands and the Navy nurses, under the direction of a naval medical officer, have conducted these schools. Education in health and hygiene has been the primary object and the information imparted and knowledge gained have been disseminated throughout the Islands by means of the native hospitals and training schools and the value has been inestimable.

When the United States entered the World War on April 6, 1917, the nurse corps numbered 160. The number increased rapidly from that date to November 11, 1918, the date of the signing of the Armistice, when the number had reached 1,476. During the war period, 1,835 nurses were appointed to the Navy Nurse Corps.

The World War was the first war in which the United States Navy was supplied with a corps of trained women nurses and there was no lack of appreciation of the real need for their services. They served at hospitals in this country and in Europe also on hospital ships and transports, and during the trips across were exposed to the same dangers as the troops. An extract taken from a letter on file in the Bureau of Medicine and Surgery, written by a Colonel of the Army, gives a little idea of the duties of the nurses on the transport ships. It was not always the same emergency to be met, but the spirit to meet the emergency was always the same whether the nurses were attached to the ship or not. The Colonel writes:

> The troops on board this ship are about to complete a journey which was fraught with many dangers, not the least of which was a very serious epidemic of what appears to be

Spanish influenza. The sick report of the troops on board which consist principally of my own regiment, the ——— Engineers, jumped from 6 to 160 inside of forty-eight hours. The chief nurse and her co-workers did not need any request, but seeing the danger, came forward and volunteered their services, with the result that what was a chaos, there being practically no accommodations or facilities on board to care for such numbers, was handled in what I consider a most admirable manner under the circumstances. They have worked night and day in the cold and damp, on decks that were being washed by seas, without any lights whatever, exposed to the dangers of contagion with a deadly malady, and they have rendered these services most cheerfully. The troops of this command can never forget the great assistance and the self-sacrifice which this noble body of women has rendered.

In Europe Navy nurses were stationed at Leith and at Inverness in Scotland, at Brest and at L'Orient in France, at London, England, and at Queenstown, Ireland. Three hundred and twenty-seven nurses served overseas and on transports. In this country there were approximately 56 stations to which nurses were attached.

Nineteen members of the Nurse Corps made the supreme sacrifice during the active period of the war.

After the Armistice was signed, the nurses were gradually released until, ten years after the war, the Corps has been reduced to a peace-time status of approximately 500 nurses.

With the Navy nurses, the teaching and training of the hospital corpsmen has been one of their chief interests. Not only at the hospital corps training schools are there nurse instructors, but qualified instructors are available at all hospitals, and the training of these men has become an outstanding achievement.

As it is necessary for the medical profession to keep in touch with modern methods in the treatment of patients, the medical officers of the Navy are given an opportunity to take up special courses of instruction at various civilian institutions and at the Naval Medical School, with the result that the patients have the benefit of the latest approved methods of treatment and nursing care. The Surgeon General is very anxious, also, that the Navy nurses shall have every opportunity possible to keep in touch with the work of the nursing profession in the outside world. Through his interest, it has been made possible for the nurses who so desire, to have special courses in such subjects as dietetics, laboratory technic, anesthesia, physiotherapy and instructing. The nurses are encouraged to attend nursing conventions whenever possible and though the law forbids reimbursement of any expense in connection therewith, actual time consumed is allowed in a duty status.

From the establishment of the corps in 1908, many attempts have been made to have legislation passed that would be of advantage to the nurses. In some cases this has been successful, notably, the Pay Bill of 1922 and the Retirement Bill of 1926. There is still some legislation for the nurses which the Bureau of Medicine and Surgery would like to see enacted. An increase in pay for the first pay period, and retirement for disability in line of duty are two very important items under consideration.

When it is considered that it requires much time and labor to get any bill through the intricate and devious paths of Congress, there is reason for congratulation that the youngest Corps in the Navy has made so much progress in the short period of its existence. With the earnest coöperation of each member, the high standards set by the pioneers in the Navy Nurse Corps will continue, and the spirit of service will ever be present.

What the Clinic Should Teach about Ventilation

By Thomas D. Wood, M.D. and Ethel M. Hendriksen

"DOES he sleep with windows open?" questions the nurse, as she takes the history of her little patient at the clinic for pre-school children.

"No," the mother replies, "it is too cold now for him to have his windows open."

"But, Mrs. Brown, children should always sleep with their windows open," continues the nurse. And there the conversation about ventilation usually ends.

Probably the public health nurse, like most of the rest of us, hasn't thought any further into the ventilation problem than to open windows in the sleeping-room at night.

But the new science of air hygiene teaches an entirely new technic in ventilation. It teaches that we must have fresh air all the time and not only when we sleep. Quite likely at that very moment, when the nurse approached the subject of ventilation of the child's sleeping-room, the temperature in the clinic was higher than it should be for health. The clinic was fortunately equipped, if it possessed a thermometer to register the temperature of the air. Clinics should set an example in good ventilation for their patients and inspire a desire for fresh air. It is easy to become accustomed to bad air, unless one is thoroughly trained to recognize fresh air and the absence of it.

First of all, it is necessary for the nurse to understand what constitutes fresh air, and the importance of fresh air to health, so that she can explain this to the patients. Until recently it was thought that the sole function of air was its use in respiratory exchange in the lungs. Now we know, as a result of scientific experiments, that air that is fresh enough to breathe fulfills only one requirement; it must be fresh enough to live in as well.

Formerly it was thought that the reason the air in a poorly ventilated room was not "fit to breathe" was because of the carbon dioxid, "organic effluvia" and bacteria which it contained. Through scientific experiments it has been shown that the air in the worst ventilated room does not contain sufficient carbon dioxid or organic matter to be of the slightest consequence to health. The germs of disease distributed by the uncovered cough or sneeze are dangerous only to those in the proximity and within range of the careless person. Neither do we need to fear that the supply of oxygen will be exhausted. So the chemical effects of the air may be dismissed entirely in any discussion of ventilation problems. It is with the skin, not with the lungs, that ventilation is chiefly concerned.

In an over-warm atmosphere, the moisture from the skin is not evaporated rapidly enough to keep the surface of the body comfortably cool. Consequently the first requisite of fresh air is moderate temperature. Experiments have shown that a health temperature is 68 degrees F., or slightly below. Second in importance is gentle motion without draft. Air must be in circulation around the body rather than still. A moderate humidity is essential and then a slight variability in all of these elements is desirable. This makes for a condition of freshness in air

which closely resembles the air found outdoors on a pleasant day in summer. It is the goal toward which all indoor ventilation must strive.

In cool, moving air, moisture is evaporated and the body feels comfortable and stimulated. Circulatory equilibrium is aided, normal metabolism is favored, better function of brain and muscles is promoted. But when the body becomes overwarm and perspires, the blood comes to the surface of the body to help cool it. The internal organs, the brain and muscles have their blood supply somewhat disturbed. As a consequence, the tone and nutrition of the stomach, lungs, heart, and other internal organs are lowered. A feeling of drowsiness and faintness may occur, caused by a partial and temporary anemia of the brain. Muscle tone may be injured, reflecting this condition in the reduction of physical work performed.

Another condition which accompanies a continuance of an over-warm atmosphere is the loss of appetite. This is particularly important in children. Indigestion and constipation are other departures from health, traceable in part to dwelling habitually in an over-warm atmosphere as in high-temperature schoolrooms and over-heated apartments. Colds are more frequent among those who live in over-heated rooms and an even more serious concomitant is the increased susceptibility to the serious complications or sequelae of colds, such as bronchitis and pneumonia, which may be predisposed to by the lowered resistance following the habit of living in over-heated air.

What can the public health nurse do to provide better ventilation for her patients both in their homes and when they come to the clinic? Open windows! Yes, but how? Windows should never be opened so as to cause a draft. To accomplish this requires a certain amount of experimenting in every room. Windows that are very high may invariably be opened at the top slightly, without causing a draft even upon those seated under them. But the opening must be very slight in cold weather; merely a crack. If windows have radiators beneath them, they may be opened at the bottom. Usually, however, if opened at the bottom, a window deflector will be necessary to prevent a draft.

Gentle motion without a draft may be obtained by an exhaust duct in the wall opposite the windows. A carpenter can introduce such a duct with very little expense. Sometimes an unused chimney is just the thing for this exhaust flue, and may require only the opening of a closed pipe hole, although this is apt to be too low in the wall. A small opening cut near the ceiling is best. It should be equipped with a damper to close the duct when the room is not being heated. Homes benefit by these exhaust ducts, but the overcrowded room needs them most.

There is one outstanding requisite, however, which is more important than either the exhaust duct or the open window, and that is the avoidance of over-heating. A thermometer should be placed in every room that is occupied, or at a central point in the house or apartment. It should be read frequently and the temperature should never be allowed to rise above 68 degrees F. except when there are invalids or very old people in the house. Children, especially, should never be subjected to temperatures higher than 68 degrees F. and should be kept in separate rooms if a higher temperature is required for other members of the family. Children will be comfortable, frequently, in temperatures even somewhat lower

than 68 degrees F. But older people, through habitual exposure to high temperatures, have weakened their heat-regulating mechanisms and impaired the circulation so that a higher temperature than 68 degrees F. sometimes is necessary for their comfort. It should be borne in mind, however, that a comfort temperature is not necessarily a health temperature, and that the body usually can be trained to enjoy the lower health temperature.

Heat, then, should be turned off or checked, even before the temperature of the room reaches 68 degrees F. If a room is to be occupied by a number of persons, as a clinic room or a schoolroom, the heat should be controlled so that the temperature is no higher than 65 or 66 degrees F. upon opening, for the body temperatures of the room occupants will soon raise the temperature one or two degrees. It is over-heating which destroys the freshness of air.

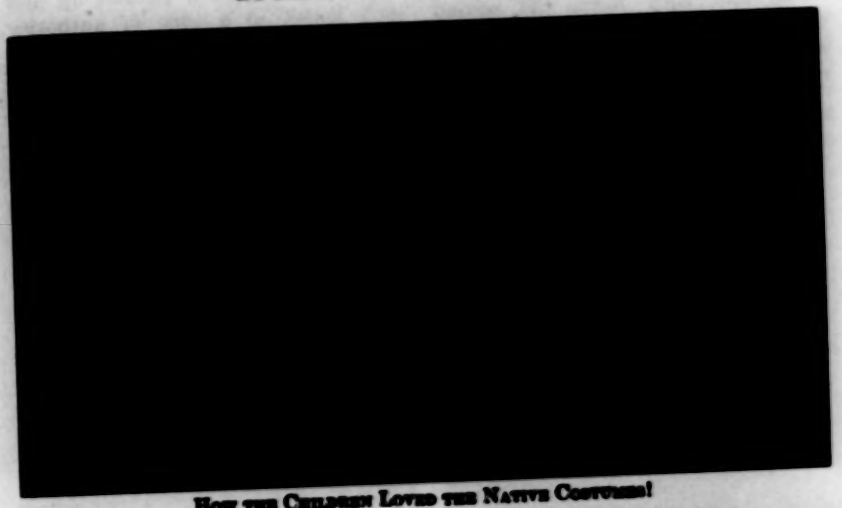
When a room is once over-heated it is difficult, even by opening windows, to get the air just right again. So the most important point in ventilation is to avoid over-heating at all times. This is only possible by the exercise of extreme vigilance; a vigilance prompted by a study and appreciation of the harmful effects of over-heated air upon health and upon both mental and physical efficiency. There is probably no worker in the health field who can exercise more influence for fresh air and good ventilation than the well-informed public health nurse. Living-rooms, clinic-rooms, workrooms, and above all, schoolrooms should receive her attention quite as much as sleeping-rooms, that they may provide the right temperatures to promote health.

Sleeping-rooms, of course, should be much cooler than other rooms. But it is unnecessary to maintain an outdoor temperature in bedrooms in winter by opening all of the windows. If the sleeping-room is unheated and the night is very cold, there will be, without much, if any, window opening, sufficient leakage of air around the windows to provide freshness, unless several persons are sleeping in the room. A child sleeping alone in a room with closed windows may have sufficient fresh air without a single window being opened, provided his bed is near the windows, and provided, also, that the windows are not double. Even with windows opened, some children get insufficient air because their beds are placed so far from the windows. There should be a gentle movement of air about the sleeper, but not enough to constitute a harmful or wakeful draft. Usually slight window openings will be required in climates where the temperature does not go below zero. Here again the thermometer is the most reliable guide. A temperature around 50 degrees F. with air movement, is suitable for the sleeping room in winter. Of course in summer, or in mild weather, everyone benefits by as much outside air as can be secured. But the proper place for emphasis in consideration of the new air hygiene is on coolness of air rather than on open windows, as such.

THERE is but one straight road to success, and that is merit. The man who is successful is the man who is useful. Capacity never lacks opportunity. It cannot remain undiscovered, because it is sought by too many anxious to use it.—*Bourke Cochran.*

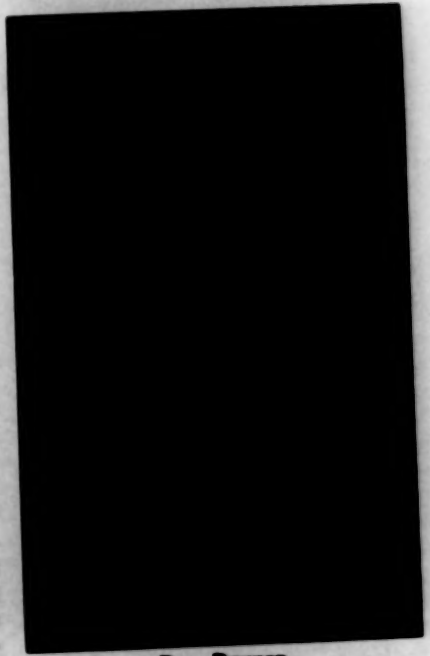
Indian Nurses and Their Service

By Margaret McGregor, R.N.



How the Children Loved the Native Costumes!

THE two young women whose picture is shown here are Elisabeth Sherer and Josephine Parisiene, two of the three young women of Indian blood who, following their graduation as nurses, have returned to their own people in order to assist in teaching them more healthful modes of living and who are doing a very successful piece of work on the three Indian reservations still in Minnesota. On their last visit to the Gillette State Hospital, by request, they dressed in the native Indian woman's costume for the entertainment of the children. They were somewhat concerned lest their appearance would prove frightening to the children not familiar with the dress, and spoke with concern regarding what their reaction would be. The first group encountered were some little five-year-old boys waiting for their turn in the swimming pool. The Indian nurses were inspected from the feathers to the beads on their moccasins, very



Ross Bowers

carefully, then asked by the smallest boy: "Are you real Indians?" On being told they were, the second question was: "Where is your bow and arrows?" Feathers, beads and moccasins could not make up for this

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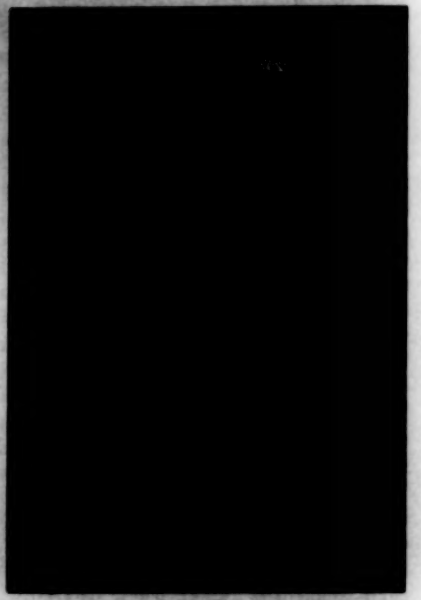
lack. All the children were very much interested in their appearance and they were frequently asked regarding their bows and arrows.

As a number of Indian children are patients in the Gillette State Hospital, the nurses were eagerly welcomed by them, as they had formerly been their patients on the reservation. On reaching the convalescent ward, the boys fairly swarmed about them, exclaiming loudly: "This is my Indian," "No, this is mine, you can have that one, this one has two feathers," claiming them as readily as they would any other plaything or toy. In the midst of the clamor a little Indian boy who had long ago shed his reservation shyness as thoroughly as though it had been packed up and sent home, in a tone of authority announced: "They don't belong to any of you, they are mine, I come from their reservation," and for the rest of the trip through the hospital they were proudly escorted by this little boy, after he had put on his Indian dress for the occasion and, although it may not be the Indian custom, he held the hand of each as he escorted them through.

The pictures shown herewith present types of Indian children who have been assisted in hospitalization by the same Indian nurses who, because of their language and knowledge of the Indian customs, have made the per-



CECIL RILEY

suading of the Indian mother easier and have brought about the hospitalization of her child, for the necessarily long period of time required for arresting disease or return to general good health.

The Nurse and the Syphilological Clinic

By Grace Garrison Sanford, R.N.

THERE is no graduate or student nurse who can afford to be ignorant of the prevalence of syphilis in any sphere of work which she may enter. She will find it in its different manifestations and stages in hospital, school, industrial and public health nursing. It will also be met in child welfare, prenatal and private duty nursing. Its victims are found in every walk of life. No organ or tissue in the body is exempt from this disease, and it may manifest itself where least suspected. Osler said, in 1926, that as a cause of death in England, syphilis outranked tuberculosis. Stokes, in this country, claims that one out of ten of the population has syphilis in some form. Therefore, it is necessarily important that nurses be familiar with this widespread disease.

In the syphilological clinic at St. Elizabeth's Hospital, Washington, D. C., both the older and the more recent drugs are employed in the treatment of syphilis. Of the older, arsphenamin, better known as salvarsan, and mercury, are used, the latter being employed as an inunction and also given intramuscularly in the form of a salicylate. The patient is carefully instructed as to the use of the inunctions. These inunctions are interspersed with other treatments or follow the course of some arsenical. The technic employed here in giving intramuscular injections is that advocated by Stokes: the patient lies on his face on the operating table, his arms hang free at the sides, the feet toed in, this position relaxing the gluteal muscles. The upper outer quadrant of the buttock is selected for the injection; this is painted with iodine and alcohol and a small area anesthetized with ethyl chloride. The skin is retracted toward the heel with the left hand and the needle quickly inserted at almost a right angle. The lumen of the needle is then examined for blood to determine whether a vessel has been entered; if not, the syringe is connected and the drug forced through the needle after the initial aspiration. Following the injection, a syringeful of air is forced through the needle; this guards against leakage of the drug along the needle tract after its removal. The area is then gently massaged for two or three minutes. The dose of mercury salicylate is one-half grain, for the first dose, and one grain for subsequent doses, a total of six injections constituting a course. All patients receiving mercury in any form are watched for the well-known symptoms of saturation.

The more modern drugs employed in this clinic are sulpharsphenamin, tryparsamid and bismuth, the latter in the form of quinine-iodo-bismuthate.

Sulpharsphenamin is an arsenical preparation given in all stages of syphilis in doses of 0.4 grams to 0.6 grams, the usual course being eight doses. It may be given intravenously, subcutaneously, or intramuscularly. If given intravenously, it is dissolved in 10 c.c. of sterile water. The median basilic or cephalic veins are the ones usually selected. At times other veins have been used. The inner surface of the elbow is painted with iodine, the excess removed with alcohol, the forearm and hand draped with a sterile towel, and the tourniquet applied just above the elbow. The needle is inserted in the vein, bevel side up. When it is seen that the vein has been entered, the tourniquet is slowly released. The solution is very slowly injected to avoid any untoward reaction,

either local or general. As always in the administration of an arsenical, patients receiving sulpharsphenamin are watched for renal irritation.

Another new drug which has been used in neurosyphilis with gratifying results in this clinic is tryparsamid. This is a pentavalent arsenical salt. It is given in gram doses and dissolved in 10 c.c. of distilled water. The amount of the initial dose is usually two grams; this is followed by injections of three-gram doses if no untoward symptoms develop. A total of ten injections constitutes a course. Patients receiving tryparsamid are sent to the ophthalmologist at the beginning and completion of each course. There is always a possibility of this preparation causing a toxic amblyopia, or dimming of vision.

Bismuth in the form of quinine-iodo-bismuthate is given intramuscularly. This drug is preferable to mercury, inasmuch as it is less toxic and irritating. It is especially beneficial in the treatment of Wassermann fast cases. The dosage used in this clinic is 0.2 grams once a week, the usual course being ten injections, although as many as thirty may be given. Its effect is cumulative and the technic in administering is the same as that used in giving mercury salicylate. In prolonged use of bismuth a gastro-intestinal upset may occur. A gingivitis should also be watched for, as indicating beginning toxicity from the drug.

One day a week is devoted to the taking of blood specimens for Wassermann tests and to spinal punctures, both for diagnostic reasons, and to check up on the progress of patients under treatment. The Wassermann is taken first, the patient sitting at a small table with his arm lying across it, palm upward. The assisting nurse prepares the inner surface of the elbow with iodine and alcohol and holds the tourniquet instead of tying it. The needle is inserted bevel side up, almost directly parallel to the vein, to avoid going through it, and about 5 c.c. of blood are withdrawn. The tourniquet is released, the needle withdrawn and the arm lightly bandaged. If a spinal test is to be made, the patient is directed to sit on the operating table, back to the operator, with feet resting on a high stand, knees held together, and forehead resting on knees. This position helps to arch the patient's back, thus widening the intravertebral spaces. The nurse locates the crest of the left ilium by palpation, paints around this area, and draws a line with the iodine sponge from the top of the crest to the spinal column. This line serves as a guide to the operator, and marks the location of the spinous process of the fourth lumbar vertebra. An area about four square inches at this point is then painted with iodine and alcohol. Before the test, a local anesthetic may or may not be employed. At this clinic ethyl chloride is used. After ascertaining that the position of the patient is correct, the operator palpates for the point of entry, and introduces the spinal needle, usually between the third and fourth, or the fourth and fifth lumbar interspaces. If resistance is met with, the needle is never forced, but is withdrawn until the tip is just under the skin, and tried again. The needle, to enter the spinal canal, must penetrate four thicknesses: the skin, muscle, ligament and dura. When the canal is reached, the stylet is not completely withdrawn, and the fluid is allowed to escape drop by drop, to prevent the sudden change in the equilibrium of the spinal fluid. This greatly lessens the possibility of the post-lumbar headache which is the most common complication of the

lumbar puncture. About 10 c.c. of spinal fluid are collected after first discarding ten drops or so in a sterile, labeled, test tube; the tube is then plugged with sterile cotton and sent to the laboratory. Immediately afterward, the patient is sent back to the ward where he remains in bed for twenty-four hours, flat on his back or his face. No pillows should be used, and he should be placed on a light diet. If these directions are followed, the patient seldom develops post-lumbar headache.

Complete records of every patient undergoing treatment are kept at this clinic, two sets of cards being employed: one setting forth the date, amount and type of treatment he has received, and his serological findings from time to time. The second card contains a brief summary of his history with special reference to his type of syphilis, date of initial lesion, previous antiluetic treatment, and physical, mental and neurological examinations, with notation of progress from time to time.

Student nurses of this hospital and affiliates from other institutions receive instruction for a period in this clinic. They are taught the technic of the various treatments employed and of the tests, and they assist with them. Lectures, on syphilis in its various forms, and on the modes of therapy, including the malarial treatment, are given by the physician in charge. At the end of the period, a short written quiz on the work and lectures is given.

This institution was the first in this country to employ the malarial treatment for neurosyphilis. In brief, the technic employed in this treatment is as follows: the patient is inoculated intravenously with 2 c.c. of blood from a patient suffering from the benign tertian type of malaria. Following the development of the malarial paroxysms, he is allowed to have from twelve to fourteen chills, if his physical condition warrants, and the malaria is then aborted with quinine. The theory that is entertained here is that the extreme temperatures, coming on in successive waves or shocks, result in the general improvement in this type of syphilis. It cannot be said at the present time that the malaria treatment is a cure for neurosyphilis, particularly paresis, but it may be said that the mental and physical conditions and the serology seem to be greatly improved. Nevertheless, it is believed in this institution that great strides have been made in the therapy of neurosyphilis with this mode of treatment. Malaria inoculation for neurosyphilis was first advanced by Wagner von Jauregg, a Viennese physician.

This paper presents a brief description of the work performed in a syphilological clinic connected with an institution for nervous and mental diseases. It is hoped that it may interest others of the profession who may choose this very important branch of medical nursing.

Out of the Mail Bag

"A nurse who cannot afford to subscribe to the *Journal*, cannot afford to be a nurse."
Missouri. E. C.

"Here is my renewed subscription. Even though times are hard, work is scarce and collections poor, I cannot very well do without the *Journal* yet. It is a credit to our profession and improves yearly."
Michigan. M. S.

Some Advantages of General Duty[1]

By Nancy Fry, R.N.

WE are living in an age when important adjustments are being made to meet the needs of our hospitals in the better care of their patients. After an absence of five years I began studying nursing conditions in our larger hospitals, and found most interesting changes had been made not only in our educational departments but the nursing departments as well.

Having spent more than a year on staff duty in the Michigan University hospital, through personal experience I have come to see the advantages of staff nursing over special duty nursing and the advantages are not only to the hospital but to patient and nurse.

The Michigan University Hospital was face to face with a serious economic problem relative to its nursing service which rose out of a sudden and very great expansion in bed capacity, due to the opening of their new hospital, three years ago.

The Director of Nursing, with keen foresight in handling such problems, worked out a most excellent plan which certainly has met with the approval of the administration, the patient, and the nurse.

The distribution of the general duty staff was based upon a 1 to 4 ratio; that is, one graduate nurse to four patients. This is the working basis, or the basis on which the Director of Nursing must plan her service, but it is impossible always to keep to this ratio. Sometimes the ratio is higher or lower, depending upon the condition of the patient. The Eye, Ear, Nose, and Throat Department does not require so many nurses sometimes a 1 to 7 ratio can care for the patient nicely and not overwork the nurse.

All private, semi-private rooms, four-bed wards, are nursed by graduate nurses on general duty service, unless the patient is so sick that he needs the entire attention of one nurse, then he is put on special care.

The general duty nurse is on an eight and one-half hour day, one-half day a week, schedule. The junior night nurse works from 3 to 11.30 p. m. and the senior night nurse from 11.30 p. m. to 7 a. m.

The maximum number of general duty graduate nurses in Michigan University Hospital is 225. The average turnover each month is from 8 to 10, and many on this staff have been there since the general duty nursing was first established, three years ago.

As a preparation for writing this paper on staff duty nursing, nurses were approached who had done special duty for more than five years and general duty not less than two years. Almost every one enumerated the same advantages: First, regularity of work; second, shorter hours; third, chance for choice of service; fourth, educational advantages (a chance to keep abreast with our profession if we want to render better service).

I believe in giving the best we have to offer to our work, in shorter hours of service and then getting away from it while off duty for other things that go to help make us bigger and better for our task in serving suffering humanity. There will always be a place for the special duty nurse in the home, and the hospital as well, but we are coming to a place where we can better serve a greater number of patients who cannot afford a special nurse, and give them all the needed care.

[1] Read at the Biennial Convention of the American Nurses' Association, Louisville, Ky., June, 1928.

Extra-curricular Activities at St. Mary's

IN the modern fashion the Sisters at St. Mary's Hospital School of Nursing (Rochester, Minnesota) talk, not about the ill effects of "all work and no play" upon Jack or Jill, especially Jill, but about extra-curricular activities. And well they may, for splendid provision has been made for healthful recreation in and about the spacious residence for nurses.

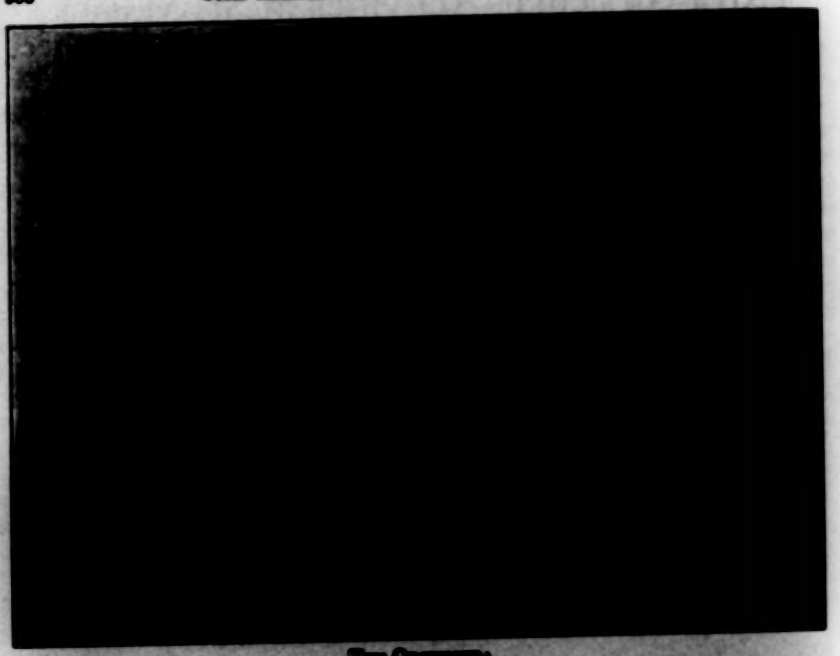
The Auditorium

The auditorium, with its Skinner organ, its well-planned seating, its excellent stage, the whole done in a most harmonious color scheme, is unsurpassed.

Here drama, music, visiting lecturers, and school exercises of various sorts hold sway. The student orchestra is one of which the faculty is justly proud. Organ instruction is available for students who can pay for the lessons.

Already students are winning prizes in the Red Cross classes in swimming and life-saving, for the splendid pool is a real center of attraction, competing in that respect with the tennis courts. The water in the swimming pool is filtered and is purified by the ultra-violet rays.

The pool is always open for use between 6 a. m. and 10 p. m. An instructor is provided by the hospital, four days a week. Students may use the pool at any time after they have passed the swimming tests but they must be accompanied by some one who has passed the life-saving tests. Beginning in 1930, all students will be expected to have passed the swimming tests and the life-saving tests



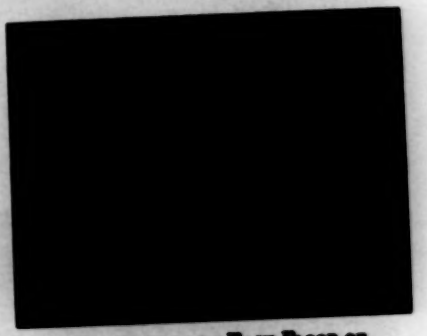
The Gymnasium

The Swimming Pool

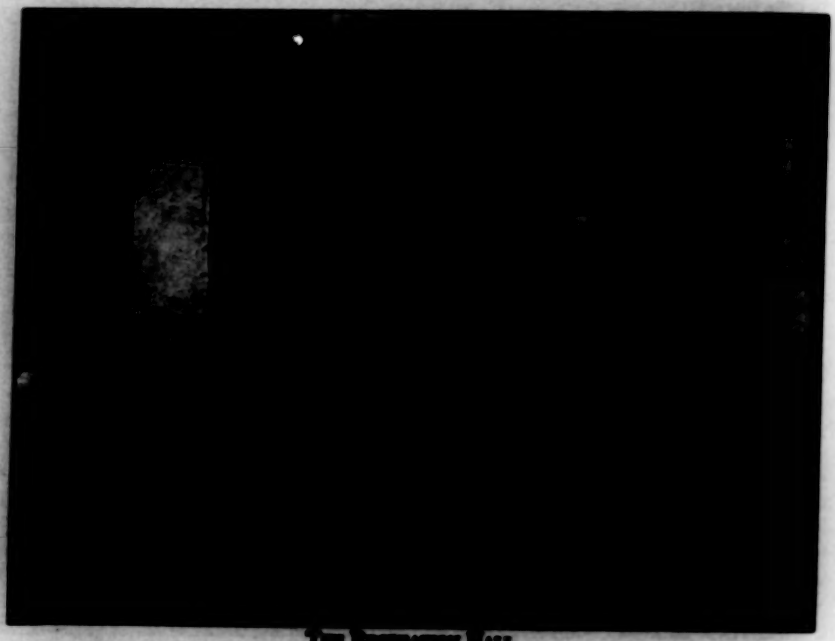
THE TENNIS COURT

before graduation. Water carnivals, contests and demonstrations are given at frequent intervals.

Equally important, though not so spectacular, are the provisions made in the residential portion of the house for happy normal living. The gymnasium or recreation hall is in frequent use. The kitchenettes, one on each floor, allow for the Sunday morning breakfasts or the afternoon teas, so dear to the hearts of nurses. The roof garden, with its views of the lovely rolling Minnesota country, is in constant use. Best of all, to the less athletic, are the peace and quiet of the single rooms with their comfortable furnishings and excellent reading lights. With it all, say the Sisters, "We have kept it simple," and the life the students lead is wholesome. It is also unusually rich in cultural opportunities when it is remembered that Rochester is a small town with few diversions.



A KITCHENETTE ON EACH FLOOR OF STUDENTS' RESIDENCE



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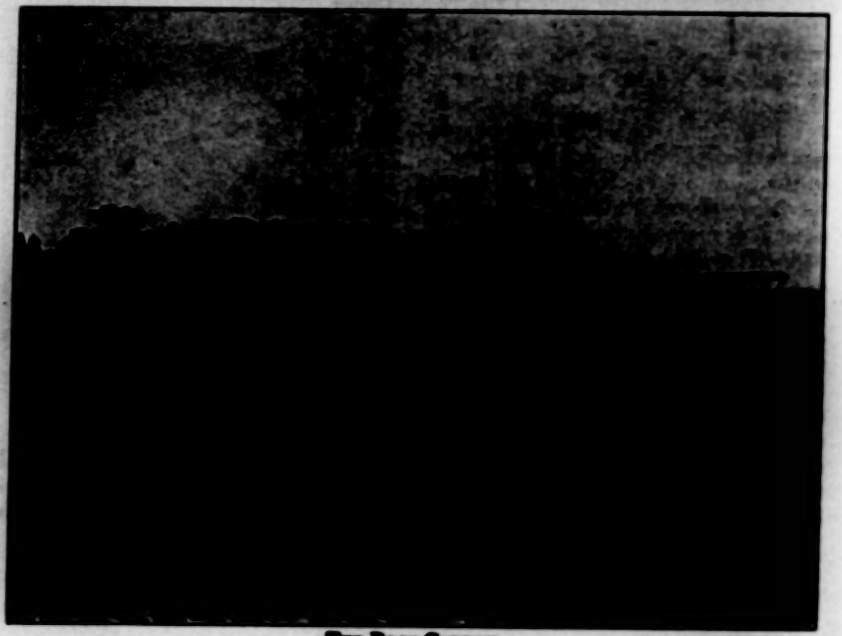

THE ROOF GARDEN

How Can General Duty Be Made More Attractive to Graduate Nurses?[1]

By Anna D. Wolf, R.N.

THIS title suggests the following assumptions: first, that "general duty" is necessary; second, that it apparently has been a service undesirable, perhaps undesired both by the administrator and the appointee; and third, that it has been assigned to others than graduate nurses. Before attempting to answer the question asked, let us for a few moments consider these inherent implications suggested in the subject.

In our present understanding of the term, general duty in a hospital means a service rendered by a graduate nurse who has been appointed at a given salary to assist with the nursing service in any one of the many departments of a hospital. This may involve actual bedside care of patients, service in the operating rooms, or in the out-patient clinic. It isn't a particularly new type of service. Our sisters of the profession in England have long since used successfully in their nursing homes graduate nurses to care for the sick. In our own country, from the statistics of the American Medical Association we find that 5,261 hospitals are conducting their service without students and are employing graduate nurses and unprofessional assistants to care for their patients, with varying degrees of success. From the public health organizations which have always employed graduate nurses for the required service in the family, we can learn much of the successful activities and satisfactions derived by the graduates through such a service.

The administrators of schools of nursing and of nursing services in hospitals with schools of nursing have come to the realization of the fact that for the sake of carrying out an educational program for their students, they must rely upon other than student service for the care of patients; and again that they are responsible for a tremendous exodus of graduate nurses from their schools each year and that many of these nurses are not finding employment. To verify these facts, only turn to the recent studies of the Grading Committee and the appalling figures will arrest your attention. The unemployment of many graduates during the past year has been before us constantly. We can be assured that these numbers of unemployed will be increased and not decreased in the years to come with the same output of our schools as at present. Although one might point out other salient reasons for the employment of general duty nurses, these two reasons remain paramount to my thinking: first, that such employment will stabilize the nursing service of a teaching hospital, enabling a better selection of students and a better teaching program to be carried out, as the students will not be depended upon entirely for the nursing care of the patients; and second, that such employment will offer graduate nurses an excellent service which will prove profitable for both employer and employee.

The second implication of the title indicates that the service of general duty has not proven satisfactory to the graduate. What are the reasons for this? Why should nurses not want to do this type of nursing? For what purpose have they received their

[1] Read at the thirty-fourth annual meeting of the National League of Nursing Education, Louisville, Ky.

nursing education? What is there about general duty nursing that makes it unattractive and undesirable?

Unquestionably there are those nurses in our profession who do not like bedside nursing—the personal contact with the patient and his family. They find such service irksome and tiresome when continued for a long period of time. They feel this type of service is menial and not deserving of ambitious women. They prefer other types of nursing service found in administrative and executive work—in teaching, in public health, where they think an opportunity for their individual development may be greater.

Fortunately for the sick in the community, a large group of our graduates are interested in the service to patients. They do want to care for the sick and, because of this desire, they continue in private nursing. Why should our graduates feel that the very nature of general duty is undignified and not worthy of their attention, time and service? I believe we administrators have a real responsibility for this attitude. We have felt that the service to patients was, in a sense, a lower level of nursing than, for instance, the service of teaching a nurse how to care for a patient. We say, too often: "Oh, yes, she is a private duty nurse," or "She is a general duty nurse—she is capable of much more than that kind of work"; as much as to say, that type of worker is below a high standard of service and mentality. That very attitude of nursing executives, head nurses and instructors is, I believe, the most serious unattractive feature to be overcome. Unless we who are executives honor such work, give the worker a high status, and have faith in her work, never can we expect from her a high degree of service, never will she be happy and satisfied. Many of you will say: "But the nurses have proven so unsatisfactory in their work; they are not interested and are only a transient group." That may be true, the nurse may be at fault, perhaps she should never have been allowed to graduate. But I wonder how many of us have examined our own attitude regarding this kind of work and have really made the nurse feel her work was of the utmost importance; that it provided a better care of the patient; that her service was superior to a student's service. That is the sore point with the graduate. She has been made to feel her service is not as valuable as a student's. In my recent experience with graduate nurses representing 38 different schools, I have found an excellent nursing service. As one of my nurses said to me one day: "The graduate nurse sees more to be done for a patient than a student; she knows better what to do." This response should not be exceptional but constant. If we are graduating students, we should anticipate that their services as graduates will be better. The complaint from superintendents of nurses that graduates are not as buoyant, resilient and enthusiastic as students, is often heard. It is true that as age advances these particular attitudes of youthful expression may not be so pronounced. However, maturity and continued interest in nursing, both found in the graduate, are splendid attitudes upon which to depend. Many times enthusiasm breaks through the austere door of this severe maturity and over and again "that desire to learn something new" is just as keen in the graduate as the student.

If we wish to receive the highest degree of service from the graduate, we must first have faith in her and in the service we ask her to render, dignify

the position, build up confidence in the work, and make the conditions of her appointment and service satisfying to her.

What do ordinary individuals expect from their jobs, to satisfy them?

The nature of the work must maintain their interest; the hours of work must be reasonable, allowing time for recreation and rest; compensation must be fair and adequate for the qualifications of the incumbent; the individual must feel that there is a dependence upon her service and that she is growing intellectually in it and is becoming a better prepared woman for whatever else she may choose to do.

Should we expect our nurses to be content in their work with less?

Every nurse seems to enjoy one particular type of work more than another. As far as possible, consider their choice of service. That choice, I have found, is apt to be due to many factors. It may be a choice because of a desire for broader professional experience. In some cases a nurse will want to rotate from one department to another, after a period of a few months in each, in order to enlarge her background of clinical experience. This is apt to be the case with the young graduate who is trying her wings and who wants to determine which phase of nursing appeals to her most, or again this appeals to the nurse who has been out in the field a number of years in private nursing or public health and who wants to "brush up" on various principles and methods in nursing, or to become more familiar with recent research studies in the care of patients.

Again we find the choice of an individual for one type of service only. She dislikes rotation, she prefers remaining in one department indefinitely. She feels the importance of specialization; the value of knowing one type of work thoroughly; she enjoys particularly contact with a group of patients whose treatment she has followed throughout their stay in the hospital; whose family interests her. In this group is the young woman who is further preparing herself for operating-room work, who aspires to be a head nurse or supervisor in such a department if her administrative, executive and teaching qualities are developed sufficiently; or the nurse whose opportunity for out-patient service has been limited and who feels the importance of this work and enjoys it so greatly she wishes to remain in it. Often we find nurses who are especially interested in the care of medical patients or surgical patients; who prefer the care of women, to men or children. Again there are those who do not want executive responsibilities, against those who do want such work, or those who do not want night duty opposed to those who enjoy night duty. These choices of nurses seem legion. However, if a nurse is to be satisfied in her work, her choice must be considered, difficult as it often is to administer the situation. If her first choice has not been granted, she must be made to realise that thought has been given her preference, and time should be taken to confer with her about it. For the time and trouble an administrator may take to consider these individual preferences, she is repaid by the more successful work accomplished by the nurse whose interest in her work is retained.

A fair working day and week should be maintained. Would that it were possible to give every nurse a whole day off each week and on one day a four-hour service! Why should this be considered too much time off for the nurse when, except with hospital employees, practically every other worker in the community receives it. An average 44-hour week should be our aim.

Undoubtedly it will take a long time to become effective, but it ought to be our goal. None of us could argue that the general duty nurse's work is so light that she doesn't need so much time off. Her work is strenuous. It results in mental as well as physical fatigue; it is of such an intimate and responsible type that she deserves reasonable periods for rest, recreation and study. Other factors relative to her time which deserve consideration are that her time be regular and that hours on and off duty be known some time in advance. We have found posting hours for the week on Monday fairly satisfactory to the nurse. At least her day off and her half day are rarely disturbed, though she may be requested to change her time on duty to meet emergencies of one type or another. Generally speaking, nurses meet these requests coöperatively although one finds those who do not respond as cordially as others. It has been helpful to have a corps of nurses for a "P.R.N. service" who may be called upon for relief wherever needed.

To have both day and night services average the same amount of time has proven successful. Evening service, if on an unbroken shift, and night service are popular where otherwise they are irksome and undesirable unless compensation may be greater, thus serving as an attraction.

There is a danger that nurses may be so imbued with the idea of "limited time" that they forget the human service to be rendered and that this service must always be accomplished irrespective of their time on or off duty. We have rarely encountered nurses who are not willing and who do frequently work overtime if it is necessary for the care of the patient. Graduate nurses have not lost their sense of service; they gladly and willingly give it if they are not imposed upon.

For continuous service, vacation periods should be granted. My conviction is that this is a factor of great importance and will do much in preventing a large turnover of the staff.

With most hospital appointments compensation includes not only monetary salary but housing, board and laundry. To offer salaries that are adequate for service rendered, that take into account the years of service of the individual and that will allow for certain yearly savings will attract and hold a desirable type of young woman. An increase of salary for satisfactory tenure of service should be given.

If graduate nurses are required to live in quarters assigned by the hospital, much can be done to make their conditions of living agreeable. Every effort should be made to provide single rooms which alone can make possible privacy and solitude which everyone needs, especially when the group includes those on day and night service. As few rules and regulations concerning the conduct of the group should be made as is possible to maintain happy and contented group life. If regulations are necessary, they should be instituted by the group. If the group is a carefully selected one, upon which rests the responsibility of discreet and proper conduct, the problems of discipline are practically nil. The group values the trust and confidence put in it and rarely takes advantage of its responsibility.

However well arranged and administered the living quarters provided by the hospital, I believe provision to live out of residence should be made for those nurses who desire it and that adequate funds be allowed so that a proper standard of living may be maintained. The same financial arrangement should obtain in regard to

board. Without doubt greater satisfaction would result for both employer and employee if this were done; it is a much better business arrangement. The nurse would appreciate the cost of living if each month she would have to pay out of her salary a certain sum for room and board. The likelihood is that she, with one or two friends or a member of her family, would live together in an apartment, setting up a home for themselves and having more nearly a normal life. A better morale of the group will probably exist because of these adjustments.

With real appreciation of the importance of adequate compensation, I believe the opportunity for study is held by ambitious graduates even more desirable. This advantage can be arranged for in hospitals which have no immediate connection with a university center although it stands to reason it is more easily arranged in those in close proximity or affiliation with a university. Every effort should be made to encourage and arrange for the nurse to have formal classwork if she desires. To have a group of graduates interested in their further education should bring to the hospital conducting a school of nursing an alert personnel whose interest in the program of that school may be depended upon. From such a group one should find young women who may be recommended for other types of work necessitating enlarged professional and educational background.

Staff education which may include regular conferences, clinics and demonstrations is an advantage and is enjoyed by the graduate. It is difficult to secure always one hundred per cent participation; however, in our experience we have found the majority greatly interested in group meetings where there is opportunity for discussion on clinical subjects.

An informal type of education must be carried on constantly. To the new nurse joining the staff a great deal of personal thought and care must be given in orienting her to her new work. She must have a clear understanding of what the service entails, before her appointment. A visit through the hospital; an introduction to various members of the staff, and an effort to make her one of the hospital family, all tend to bring about a friendly relationship between her and the older members of the staff. Particular attention and help with the hospital's routines and methods must be given her in the early days of her hospital experience. She is often homesick for her own friends and her own hospital unless she is fortunate enough to have one of her school on the staff. She has to give up much that is dear to her and accept new policies, principles and methods of work. Her adjustment to this new service is as difficult as the hospital's adjustment to her. In fact, it is frequently more difficult, as often she has never had this type of service before and she has no similar experience to help her make new adjustments except her initiation in a school of nursing. Many a graduate has said: "I feel just like a probationer all over again." There are a tremendous number of things the new nurse must learn and is eager to learn. Her introduction must be thoughtfully and skillfully made. The process of her adjustment may be sometimes rather painful but in most cases, after sincere effort has been made on the part of the administration and the appointee, the nurse will tell very sincerely of the values received, of the stimulation through various types of contact—in meeting nurses from many different hospitals, of learning new methods of work, and so forth.

There are, of course, nurses who not

only find the adjustment difficult but the work exceedingly distasteful. The service in no way appeals. For the sake of the group it is best to urge this young woman to seek elsewhere further opportunities for her endeavor. A consideration of her dissatisfactions proves, however, a real benefit if used for furthering the better administration of the service. It is difficult to secure adverse criticisms from the staff which seems content. Our educational system has not fostered it. We should urge suggestions for improvement and change which may be profitably used. Among distasteful features sometimes mentioned are those relative to relationships existing between head nurses or other executive officers and staff nurses; certain undesirable combinations of hours; certain methods of nursing procedure; rotation of service; lack of opportunity for individual expression and development. Sensitiveness to these undesirable features and a whole-hearted, thoughtful consideration of them with a remedy in mind should be expressed by the administration.

To maintain a satisfying type of general nursing service in a hospital with students may present features less desirable to the graduate nurse than one in a hospital without students. In a recent questionnaire, answered by 32 graduates doing general duty, reasons that service with students might prove distasteful to the graduate were: "the danger that all interesting work would be given to the students"; that "graduates and students would be put on the same professional level"; that "students may not have the proper advantage if working with graduates"; that "one preferred working with nurses of one's own age"; that "only routine would be given graduates"; that "the student might be dissatisfied if the graduates had more privilege and the graduate dissatisfied if she had to conform to rigid rules of students." On the other hand, reasons for preferring to work in hospitals with students were: that "staff nurses would feel more responsibility and be more alert"; that "there would be an incentive to the graduate as she will be closely observed." "She would be an example," "an assistant in a teaching program"; that "there would be an opportunity of learning more when teaching others," "less danger of falling below standard," "an opportunity to keep in touch with newer methods of conducting a school and probably re-interest them in class work"; that "the enthusiasm and interests of students would prove a stimulus to better work."

These answers are indicative of the general feeling that the student is "the worker" in the field of institutional nursing and has not yet been appreciated as a "student" in the full sense of the word. Undoubtedly, to conduct a service with graduates, in a hospital conducting a school of nursing, will mean a diligent effort to choose the staff more carefully and make the service of the highest type. Students should be made to appreciate the advantages and opportunities of such work and anticipate that service as a valuable graduate experience. In looking forward to institutional appointments, many students have the idea that immediately upon graduation they should assume the responsibilities of a head nurse or a supervisor or an instructor. Our system of having students or very young graduates in charge of wards and assisting with supervision promotes this impression. We must emphasize the importance of having greater clinical experience before assuming such responsibilities and that

this experience can be obtained through well-conducted general nursing service.

Another factor which may bear upon the satisfaction derived from a general duty service is the employment of a supplementary staff to assist with many simple tasks easily carried on by an unprofessional group. To have ward assistants to make up beds, to help with baths and treatments, to take patients to clinics, X-ray and other departments, to care for physical surroundings of patients, to assist with service of diet and many other duties of a similar nature, relieves the graduate nurses of necessary services which do not require professional preparation.

To summarize briefly, the following are constructive suggestions which may result in promoting a more attractive general duty service for the graduate nurse:

1. Nursing executives should feel their responsibility in building up a higher status for the general duty nurse. This must entail a deeper appreciation of her activities and out of it must grow an honest spirit of respect and admiration for the service rendered. This attitude should extend to all the various members of the school and hospital staff.

2. The interest of the group should be stimulated and retained. Each individual nurse must feel that she will be given an opportunity to engage in the service she prefers. Choice of service must be considered of great importance as it will undoubtedly mean the retention of the keenest interest of the nurse, all other things being equal, consequently the best service.

3. A 44-hour working week should be our aim. A weekly schedule should be arranged so that the nurse may know her program in advance and that she may have sufficient time for rest and recreation. Night and day services should average the same number of hours. For continuous service, a vacation period should be provided.

4. Adequate compensation with an increase for satisfactory tenure of service should be granted. Effort should be made to secure allowances for room and board which would permit the nurse to live out of residence if preferred.

5. Every opportunity for educational advancement should be given. These opportunities may be offered through formal classwork in a neighboring college or university or, again, through a definite staff-educational program which may include personal and group conferences, discussion groups, demonstrations and clinics.

6. The services of the graduate nurse should be limited to those requiring a professional background. By the employment of a supplementary staff to assist with many simple but very necessary tasks, the graduate is relieved of much monotonous and less interesting work and feels her professional services are of greater value.

7. Self-expression should be encouraged and individual capacities should be recognized. Criticisms and suggestions from the staff, when utilized, stimulate greater coöperation in the service and may promote individual development. Increased salary, as a reward, will not satisfy the ambitious nurse. Recognition should be made of her abilities which may warrant a promotion in the service.

Field Training for Health Services

THE East Harlem Nursing and Health Service, through the generosity of the Milbank Memorial Fund, now offers educational experience and field training to qualified nurses and other workers in the health field. A full-time supervisor of student activities will direct the field work of the students in coöperation with the general supervisors of the nursing staff and the special supervisors of nutrition work, health education, psychiatric social work, and research and statistics.

An advisory committee on the educational program, appointed by and responsible to the Governing Board, has been named. The membership of the committee, which includes representatives from the fields of education, nursing, medicine, nutrition, social work and statistics, gives assurance of the broad scope of the teaching program and promise of interesting developments in the correlation of allied services in the health field. Applications for field training or observation will be considered in the light of the candidate's past experience and future plans. Teachers College is actively interested in the teaching program, and will participate through the Departments of Nursing Education and Nutrition.

Education and Intelligence: More Facts from the Grading Committee

"DOES one need intelligence to be a nurse?" Nurses, physicians, and patients answer emphatically and almost unanimously "Yes," and then proceed to ask: "Are we getting as large a proportion of intelligent women into the profession now as we were 30 years ago?" The Grading Committee is afraid that we are not.

It is hard to measure intelligence directly. In general, education and intelligence go hand in hand, but we all know cases where, because they lacked opportunity, intelligent women have had very little education, and yet have made good nurses. The measure of intelligence is not the actual amount of education a nurse has had, but rather how what she has had compares with what she might have had. We want to know, in other words, how fully she has taken advantage of the educational opportunities available when she was young.

When we use education as a measure of intelligence in nurses, then, we must ask ourselves not "How much education have they?" but rather "How does their education compare with that of the ordinary American girl?"

Of all nurses now active who entered the profession in 1890 only 32 per cent are high school graduates, whereas in recent classes 56 per cent are high school graduates. Nurses have been inclined to treat these figures as proof positive that standards in the profession are improving. But are they really? The accompanying diagram, data for which have just been gathered by the Grading Committee, will make many of us take thought.

The diagram compares the proportion of high school graduates among

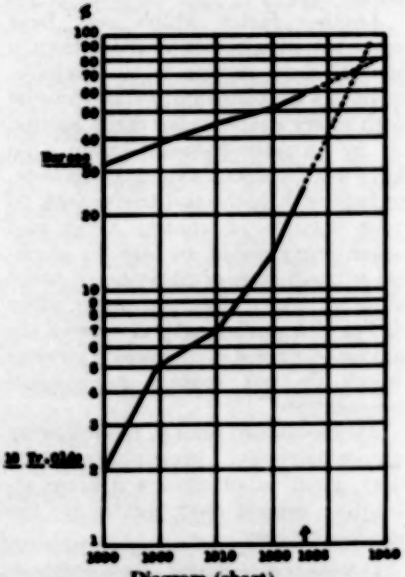

Diagram (chart)

nurses to the proportion of high school graduates among all 18-year-old American girls in the general population. The diagram is of rather an unusual type, for it is so devised as to picture *how fast* the profession is moving.

The lower line in the diagram shows, for different years, the per cent of all 18-year-old girls in the general population of the United States in that year which were high school graduates. The upper line shows, for nurses finishing training in those same years, the per cent who were high school graduates. If the nursing profession were raising its educational standards at just the same rate as the general population, we should find, in this particular diagram, that the nursing line was running exactly parallel to the general population line. If improvement is

coming more rapidly the line tips upward; if it is coming more slowly the line tips downward. If there were no improvement at all the line would be horisontal, straight across the page.

Now, look at the two lines. The nursing line is above the other, because nursing has always had a higher per cent of high school graduates than have women in the general population. This seems natural when we remember that our "18-year-olds" include every sort, from newly arrived immigrants upward. We should certainly expect that nurses would make a better record. The alarming fact is that nursing is not keeping as far ahead as it used to be, because educational standards are improving far more rapidly for the general female population than for nurses. If present tendencies continue, it is only a matter of about ten years before the two lines will cross.

Years ago, nurses were drawn from the best educated groups of their day. Now, in many cities, it requires more education to get a job as a shop girl than to enter a school of nursing. Many department stores are requiring high school graduation for sales girls, as a matter of course. It is practically impossible to get a job as stenographer in a good firm without being a high school graduate.

The head of a successful commercial employment agency for women, in response to an inquiry from the Grading Committee, says:

> Banks and high-grade business houses not only refuse stenographers unless they have had at least four years of high school, but are making the same requirements for typists and file clerks. Positions which eight years ago only required one year of high school, cannot now be filled unless the applicant has finished high school, and in many cases has had some college work. You see employers realize that today, nine times out of ten, girls who don't finish high school can't make good on a job after they get it. Good business men don't want to waste time on them.

The United States is rapidly becoming a nation of high school graduates.

In the old days, to say that a woman was a high school graduate was an easy way of saying that she was far above the average in intelligence. Now, for recent graduates, it means that she is not very much more than average. Soon it will have even less significance than that.

The diagram suggests that if only intelligent women are wanted in the nursing profession, new and considerably higher standards must somehow be set for entrance. The question is: What is the best and quickest way to bring that change about?

In New Zealand

A CHERISHED dream, and the active effort of the past five years, of the nurses of New Zealand is about to be realised. *Kai Tiaki*, for January, announces that a post-graduate course for nurses is to be carried out at Victoria University College of Wellington University, in conjunction with the General Hospital. In 1924, the Health Department sent a nurse to Toronto and one to Bedford College, London, for postgraduate work in preparation for such a course. They are now to be released for six months each year for the new course, salaries to be paid by the Health Department.

Nurses had begun collecting funds to finance the course, fearing that the Government might not do it. It is suggested that these funds be made available for scholarships or used for the Grace Neill Memorial Library for the Department of Nursing.

It is of particular interest to note that "The Otago Division of the New Zealand Branch of the British Medical Association," in November, 1926, voted that the association "desires strongly to support the Trained Nurses' Association in their efforts to obtain some University recognition of the profession of teaching, and particularly for the immediate institution of postgraduate courses for the training of leaders in nursing, hospital and health fields."

Equipment for Bladder Irrigation

By Helen W. Fadden, R.N.

SIMPLICITY of technic is greatly to be desired in any nursing procedure, but especially is it to be desired in any treatment involving sterile technic. A bladder irrigation seems to frighten a student nurse, perhaps because of the general discomfort to the patient if poorly done. This discomfort is no doubt due, at least in part, to the complicated procedure which a bladder irrigation seems to be, as generally carried out. Several methods have been in use. One is the two-way glass or silver catheter connected with the flask of solution by rubber tubing. This is unsatisfactory because the size and inflexibility of a two-way catheter may cause a great deal of pain if there is inflammation present. Another method is the rubber catheter attached to a glass or enamel funnel by means of a glass connecting tip and rubber tubing. It is difficult to get a glass or enamel funnel which is a satisfactory size. A modification of this is the use of an Asepto syringe, No. 2071. This syringe will fit into the end of the catheter, eliminating the unnecessary length of tubing which makes it almost impossible for one person to do the treatment alone. The syringe holds just an ounce which is an advantage in measuring the solution. The force of the solution is less than when introduced at a greater height from the catheter. The solution will siphon off easily through the syringe or it may be disconnected to allow for the return flow. The bulb of the syringe which fits into, rather than over, the glass may be used, with slight pressure, when a retention catheter becomes clogged. It is very easy to hold the syringe and to keep the catheter in place with one hand.

Equipment for Bladder Irrigation

Since this method has been used, both students and graduate nurses have been enthusiastic over the simplicity of the treatment. It can be checked by at least seven of the eight standards of work given by Miss Stewart in "Possibilities of Standardization in Nursing Technic."

William E. Harmon

By Mary Beattie Brady

WHEN the daily press reported the death of William E. Harmon on July 15, at his summer home at Southport, Connecticut, thousands of people and whole communities throughout the country were saddened by the news. This man in whose nature were so happily combined practical vision, originality, sympathy, basic enthusiasm and, above all, a burning and unquenchable desire to help others help themselves, left enduring friendships in his wake, wherever he himself went or the invigorating influence of his interest reached.

William E. Harmon

The loss of his dynamic personality with those essential qualities of imagination, courage, and resourcefulness will be most keenly felt at this time, perhaps, by the nursing profession for it was with the complex problem of organizing and promoting retirement annuities for this group to which Mr. Harmon was devoting his thought and his energy during the last year of his life, in spite of the limitations that were being increasingly placed upon him because of failing health.

Many vastly larger monetary contributions have been made to the service of humanity. We constantly hear of the altruism of men and women who are giving their time, their thought, and their lives to the cause of public welfare. Without detracting in any way through comparison from this large history of past and present service, Mr. Harmon stands out as a unique example of a man who devoted the same energy and creative thought to serving his fellow men as he did to promoting and conducting his business enterprises. To him, dollars, though essential to a degree, were not nearly as important as workable ideas followed by intensive and continuous action.

William E. Harmon was born in a small Ohio town in Civil War times and was brought up on the western frontier where his father, a lieutenant in the army, was stationed in the Tenth Cavalry. His educational opportunities there were naturally limited and later, when he returned to Ohio, army pay was not sufficient to send him on through medical school and thus enable the boy to satisfy his ambition of becoming a surgeon. Thrown upon his own resources to succeed or fail by the trial and error method, he achieved success and made for himself an enviable position in a great city where he was known for his genial personality and sympathetic

understanding and was respected for his firmness of purpose and integrity.

The question that naturally arises is: "What was the secret of this man's success, and how did his mind so continuously turn to philanthropic interests?" In the first place, it must be remembered that lack of scholastic opportunities in no way determines intellectual power. Further than this, non-possession of money does not keep one from having a vision of the purpose it may serve when properly invested. Fortunately Mr. Harmon possessed in high degree both intellectual ability and imagination. He also loved humanity and as he himself succeeded, interpreted with an understanding mind, through his own experience, the needs and desires of others.

Making it possible for wage earners to buy home sites through very small installments, and thus to satisfy the instinctive desire for a home, was the project which this man of vision developed from an idea to a business which has established nearly one hundred thousand homes in more than thirty of America's largest cities. But more noteworthy than the tale of his business progress is the fact that as the man succeeded, he remembered his early ambition for a professional career and his unhappy floundering before he stumbled on success.

With Mr. Harmon to think was to act, and the result was a systematic method of helping boys help themselves finance their college expenses, not as a gift, but through the application of purchasing in terms of futures and liquidating in small installments when the earning period began. It was this small start, when a few hundred dollars only could be loaned each year, that resulted in the establishment of a comprehensive program of student loans in 1922 to develop a working model that would in the future make it possible for any worthy man or woman to finance at least part of his educational expenses on business terms with character and group responsibility as the bases of credit.

In a similar way the activities of the Harmon Foundation today in promoting the permanent playground idea grew out of Mr. Harmon's early experience in his home town where boys at play were better out of sight and out of hearing than under foot. Again his experience as a real estate man furnished the idea that a definitely established place to play was an essential factor in clean sport and right living for growing boys and girls. Mr. Harmon was not content with temporary relief where the problem involved pointed to the necessity of a permanent solution, and once undertaken, he was not satisfied until a practical way out had been found and set in motion that would project itself on into the future.

Until the period of his own retirement from business activity, his philanthropic interests had been expressed in terms of youth and growth, but as he began to look around him and saw the quiet, hidden struggle of many of his own contemporaries who had labored faithfully during their active years to get along, an increasing sense of the injustice of such a situation arose within him and his mind, ever on the alert, turned enthusiastically toward the problem of old-age security.

The first concrete expression was in the establishment, at Lebanon, Ohio, of the Mollie Harmon Memorial Home for Gentle Folk, a tribute to his mother. In the organization of this modest but complete and attractive home he hoped might develop a happy atmosphere, a practical

management on a reasonable budget which would serve again as a blue print for other communities and other individuals who might wish to create a congenial retreat for the kind of men and women who make a community a better place to live, who have no family support in their later years and yet are not able to maintain themselves adequately.

Through his own ill health, Mr. Harmon had come to know of the serious problem of employment which faces the average nurse as age advances. In a profession which requires so much of sympathetic understanding, self-control, and the giving of one's self, it seemed to him grossly unfair that no adequate method of contributory provision for retirement allowances had been developed. Working toward a solution of this, the Harmon Association for the Advancement of Nursing was organized in December, 1926, not as a complete solution of the problem but as a beginning, and again a working design which could be improved and developed as the nursing profession and the public so served rallied to the support of the undertaking.

In his desire to render service to at least some of these "quiet strugglers" while the larger program was being developed, this server of mankind resorted to his other self, the whimsical "Jedediah Tingle" to spread cheer where he could. Jedediah Tingle was the name of his own great-grandfather which Mr. Harmon used for many years in carrying on the eternal mission of spreading "joy as jam wherever need be found," to bring smiles and tender thoughts to the great in heart in high and low places, to comfort and cheer those who do exceptional things or suffer. In this way he could reach more closely to the roots of joy and suffering than he possibly could have done under his known personality, especially when most of those whom he desired to help in spirit, as well as in their physical needs, he never saw face to face. The following letter to an elderly nurse, now deceased, tells more potently than can any eulogy the regard in which he held the nursing profession and his earnestness of purpose in contributing to the solution of this problem:

> When I look back on the years of service you have rendered society, the sick beds you have smoothed, the aching bodies you have ministered to, my gorge rises that you should not, now that you are worn and broken, have equally tender ministrations, food and care. In some respects this is a fine old world—in others, it is pretty rotten. Of course, elderly people are not turned out to starve or freeze, as in the days of the cave folk, but we have a long way to go before we do justice by the old and tired who have played the game fairly, and deserve every gift of love we are capable of giving—gifts that will make them smile and reach out to us or the God that is in us.
>
> Then, in that latter time "when the day breaks and the shadows flee away" they can say good-bye in peace and soft security.
>
> Of course, no one of us can do much—that is the discouraging thing. It gives the devil a chance to slip in and whisper: "Yours is only a drop in the bucket, why bother?" Well, I know that may be so, but I console myself with the thought the check I am sending you will just bring so many dollars worth of happiness, and maybe more, and it won't, in my pocket—so here it goes with all my love.
>
> Affectionately,
>
> (Signed) JEDEDIAH TINGLE.

Who's Who in the Nursing World

LXXXVI. Jean T. Dillon, R.N.

WHEN public health nurses interest themselves in the general problems of their profession, they are apt to take a forward-looking view and thus to make a very real contribution to professional thought. Mrs. Dillon is one who has had such opportunity. Canadian born, she was educated in the public schools and in Alma College, Ontario. Her professional education was obtained in this country and her entire professional life has been lived on this side of the border. Graduation from the School of the Sibley Memorial Hospital, Washington, D. C., was followed by postgraduate work at Dr. Howard Kelly's Sanitarium in Baltimore. Still later she spent a year and four months at Teachers College, New York City. Mrs. Dillon's work has been in the fields of nursing education and public health. In the former, she was Assistant Superintendent of her Alma Mater and Superintendent of the School of Nursing of the Iowa Methodist Hospital, Des Moines. Her administrative work in public health is built on the sound foundation of practical experience as staff nurse, Henry Street Settlement, New York City, and in the Visiting Nurse Association of St. Louis. During her married life, Mrs. Dillon gave most of her leisure to civic activities connected with the Young Women's Christian Association, the Des Moines Women's Club, and the Board of the Public Library. She also conducted Y. W. C. A. classes for mothers. All these activities not only enriched her life at the time, but have enhanced her usefulness in the public health work in West Virginia with which she has long been identified. Until July first of this year when she was succeeded by a pediatrician, she was Director of Child Hygiene and Public Health Nursing of the West Virginia State Department of Health. Mrs. Dillon continues to work in this interesting department.

Editorials

One Week in Seattle

THE approach to Seattle over the superb man-made path through the majestic grandeur of the Canadian Rockies is extraordinary preparation for a week of conferences. In the company of giant peaks and rushing torrents something of dross and pettiness inevitably drops away, freeing the mind of some of its shackling inhibitions. Arriving in Seattle, the glorious campus of the University of Washington offers further incentive for spacious thinking, for it is not only lovely in itself but afar shines the snow-covered glory of Mt. Rainier, symbol of the eternal verities.

During the week of July twenty-second, the University was host to the Institute of International Relations and to the Graduate Nurses' Institute which is an annual enterprise of the Department of Nursing Education in the University and of the three state nursing associations. The nursing program, with considerable skill, was interwoven with that of the international group, so that members might partake of both. Japan, China, Hawaii, Mexico and Canada were brilliantly represented, for the conference focused its attention on the problems of the Pacific. Our own universities were represented not only by President Spencer of the University of Washington and President von Kleinsmid of the University of Southern California, who was Chancellor of the Institute, but by a score of other distinguished men from across the land. Dean Goodrich of the Yale School of Nursing addressed a capacity audience on "Women in International Affairs" and developed the theme that true internationalism can come only through the teaching of women in the homes of the world. Said she, in part:

> The important problem is not how to standardize the world, but how to cultivate to the highest degree all living things while conserving those differences in which lie their intrinsic worth. If the interest of women is again awakened in the home, it will be with a broader understanding of life, not life as it was interpreted in the 17th, 18th or 19th centuries but of the 20th, which means all these previous centuries have bequeathed to us, enriched by new interpretations and the ever increasing body of scientific findings bringing new means for ever greater creative ends.
>
> The great fundamentals of life rise superbly, may one even say immutably, above its storm and stress with its eddying currents, its turbulent streams, its deep stagnant pools. Above man's ever changing interpretation of their connotation, beauty, love, honor and loyalty, so aptly designated "universally accepted goods," so primordial as to evade the scrutiny of science and confound philosophy and sophistry, so pervasive that none escape their influence, remain vital to each of us through their contribution to our individual need, vital to all through the part they play in completing the current of human understanding which should be the *summum bonum* of man's endeavor. In this objective the function of woman cannot be overestimated, for to her falls preëminently the adjustment to the group life of the child, upon whose little mind because of its unwritten surface each inscription is so deep.

The Editor of the *Journal* had the privilege of presenting "The Nurse—an International Figure" to an interested audience. Nurses avidly drank in the inspiration of many of the programs and seemingly with equal relish attended the round tables and lectures of their own Institute. Dean Goodrich, lecturing on the organization and objectives of the Yale School, led up to the logical conclusion that the centralization of teaching resources, preferably under university auspices, is bound to play an increasingly important part in the education

of nurses. The Editor of the *Journal*, lecturing on the work of the Grading Committee, preached coördination of activities within and without the school and the need for constant study in order to bring about such desirable goods; while the third lecturer, Dr. Philip Jacobs of the National Tuberculosis Association, convincingly discussed methods of securing community coöperation.

On all sides might be felt the urge to expand, to grow, to encompass greater things. Dr. von KleinSmid, in closing the International Conference, left an unforgettable impression on the minds of his hearers for he quoted Edna St. Vincent Millay's:

> The world stands out on either side
> No wider than the heart is wide;
> Above the world is stretched the sky,—
> No higher than the soul is high.
> The heart can push the sea and land
> Farther away on either hand;
> The soul can split the sky in two,
> And let the face of God shine through.
> But East and West will pinch the heart
> That cannot keep them pushed apart;
> And he whose soul is flat—the sky
> Will cave in on him by and by.

With Hospital Folk in San Francisco

NEXT year the National League of Nursing Education will meet in Atlantic City simultaneously with the International Hospital Congress and, at the request of the American Hospital Association, will prepare an educational exhibit. The time is ripe for joint activities of this sort. Year by year hospital administrators and nurse educators are learning to understand each other better. No longer does the hospital administrator assume that the nurse educator is necessarily a nurse militant, prepared to do battle on all occasions. More and more he tends to take the director of his largest service, who is usually also the administrator of a school of nursing, into his confidence on ways and means. Each is beginning to comprehend more and more clearly the grave problems that beset the other, and more and more do we find it possible to discuss moot questions in mixed groups.

It is significant that although many hospital administrators regretted that time was not provided for free discussion of the Nursing Section program of the American Hospital Association at San Francisco, which is reported elsewhere in this issue, none did so merely because they wanted to oppose the speakers. They sincerely wanted to throw such light as they could and to secure more light on a perplexing subject. An acute observer, commenting on the excellence of the program, inquired: "But what was really accomplished by discussing autonomy for schools of nursing? Nothing was done." Wholesome social change is rarely brought about swiftly. Those who wanted to discuss the topics and could not do so from the floor will continue to turn the problem over in their minds. If the subject comes up again next year the discussion may well be expected to be more specific and informative. We shall have more schools of nursing and more nursing services operating on budgets. Both groups will have been at pains to increase their store of data instead of merely augmenting their opinions. Doubtless the Grading Committee will have accumulated new data which will add materially to the facts necessary for a solution of some of the vexing problems confronting administrators and educators alike. A final answer to the question of autonomy for a majority of schools may have to wait for the job analysis of the Grading Committee when we shall know more than we do now of

the actual functions of the nurse. Nurse educators and hospital administrators alike will then be better able to reach conclusions.

Nursing, in one aspect or another, was discussed on a number of programs at San Francisco. Opinions and convictions were expressed freely and fearlessly. Nurse speakers were unfailingly accorded courteous attention on and off the platforms. Corridor discussions were frank and profitable. The major portion of the interesting program was built on the forum or round table plan. It proved very acceptable to a majority of those in attendance.

The one serious weakness of the Association, its inability to reach the workers in the field from a central office, is well known to the administrative body and plans are under way to put in the field a secretary qualified to aid hospital folk in solving their problems at home. In this the American Hospital Association is but following the experience and example of other national organizations. The Association is to be congratulated upon this plan and upon its initiative in promoting the international hospital congress.

Needed—Reflective Thinking on Mental Nursing

THE introductory statement in the paper by Dr. Russell of Bloomingdale Hospital on page 863 will be accepted by thoughtful nurses. As the character and requirements of medicine advance, nursing desires to advance also. If the advance movements in medicine were accepted by the entire medical group, nursing would find a well-blazed pathway to progress. But, of course, this is not the case. Like all other groups, medicine has its advance guard, its interested and coöperative followers, and presumably its laggards. Nursing too has the same human set-up. So much progress has been made in other fields that the time is more than ripe for the nursing profession to take seriously to heart Dr. Russell's statement:

> The improvement of nursing and nursing education in the great public mental hospitals may be properly regarded as one of the major problems of nursing advancement. A remarkable opportunity for the accomplishment of a valuable public service is here presented to the national and state nursing organizations.

Only a month or two before Dr. Russell's paper was read at Louisville, a bill was signed by the governor of one of the states which authorizes the establishment of "a training school for psychiatric nursing *for attendants*" and providing for the use, by the graduates of the school, of the letters R.P.N. (Registered Psychiatric Nurse).

Two groups of people failed to do very reflective thinking about that bill. The very wording of the bill, with its extraordinary contradiction of terms in providing a designation as *nurse* for graduates of a course for *attendants*, shows how unreflective were the medical groups behind the act. Probably the nurses were unaware that it was even under consideration until, by the governor's signature, it became a law. More than twenty-five years have gone by since nurses began working for nurse practice acts. The nurses in every state in the Union have had this experience. They should know, by this time, that it is important to watch the legislative calendars every single day while a legislature is in session.

There can be no coöperation in developing so unsound a scheme. The pity of it is that had doctors and nurses spent some time in joint reflective thinking, the cause of the mental patients would have been

considerably advanced in a state where very real problems have arisen.

Just as these things were so clearly brought to our attention, the *British Journal of Nursing* for June appeared with a strong editorial on the subject of the preparation and registration of nurses for mental patients in Britain. Apparently the difficulty is not in America alone. What is really happening, of course, is a growing consciousness of the needs of the patients in the largest of all our hospitals for better care. Their appeal is not to be ignored, but their cause will not be well served until nurses and doctors come together in carefully-thought-out programs which deal justly, first with the patient, and secondly with the two professions which are jointly responsible for their care.

The League's Excutive Secretary

THE July *Journal* announced that Blanche Pfefferkorn, Executive Secretary of the National League of Nursing Education, had been granted a year's leave of absence for advanced study. Nina D. Gage has accepted appointment to this position and takes office the middle of September.

In 1905, Miss Gage received her B.A. degree from Wellesley; in 1908, her diploma in nursing from Roosevelt Hospital School of Nursing, New York City; and the degree of M.A. from Columbia University, in 1925, with the diploma in Training School Administration from Teachers College.

Miss Gage began her work as night supervisor at the Roosevelt Hospital. She became associated with the Hunan-Yale School of Nursing, a department of the College of Yale in China, in 1913. Later she was appointed Dean of that school and held this position until the Yale College with all its departments was closed indefinitely due to the unsettled conditions in China. During the summer of 1918, on leave of absence from the Hunan-Yale School, she directed the nursing department at the Vassar Training Camp for Nurses. Since her return from China she has been engaged as Educational Director and Director of the Nursing Department, Willard Parker Hospital, New York City.

Miss Gage served as the first president of the Nurses' Association in China and as Chairman of the Education Committee of that organization for five years. At the meeting of the International Council of Nurses held in Helsingfors, in 1925, she was elected President. From these offices she has gained an unusually broad knowledge of nursing, especially in its international aspects.

For many years Miss Gage has been not only a student in nursing education but a practitioner as well, and her interest in the subject is profound. Her work has brought her close to the human problems in nursing. She possesses a scholarly understanding of nursing questions and also a sane and broad professional philosophy. Miss Gage comes to Headquarters singularly well equipped for this important post; indeed, it is one that can be held only by a woman of established prestige and of wide experience.

The League is extremely fortunate in securing a woman of Miss Gage's personality, preparation, and background, one whose international contacts will add, not only sound values, but lustre to her work.

The Rôle of the University in Nursing Education[1]

BY HUGH CABOT, M.D.

IN considering what is or may be the wisest relation of the university to nursing education, it may not be without interest to consider what has been the relation of the universities to medical education in the past and how it has altered to the present day.

The earlier medical schools in this country were chiefly not the children of the university, but were built up by groups of physicians in order to enable them to carry on their function in the teaching of medicine. Even when they were so associated, the association was commonly a loose one. Not rarely the medical school was situated at a distance from the university proper and their relation was a titular and financial one. Today in the vast majority of instances, the medical schools are very intimately related to the universities and there have grown up the so-called "pre-medical curricula," and the departments dealing with the so-called basic sciences in medicine are commonly university departments. This means that the teaching in these departments is at the service of all students of the university, and it commonly happens that a very large number, and sometimes a very large proportion of the students taught in these pre-clinical departments, are in fact not associated with the medical school and not likely to become so. From this it will at once appear that there has been in the last quarter of a century a very important drawing together of the medical schools and the universities. This is neither the time nor the place to elaborate the reasons which have brought about this situation but, briefly, they have resulted from the tremendous growth and development of the sciences underlying the practice of medicine and a clear recognition of the fundamental importance of these sciences. There is every reason to believe that the relationship has much enriched the medical curriculum and it may, I think, be asserted without fear of contradiction that most of the tremendous alterations which have taken place in the practice of medicine during the last quarter century have been based upon the development of the sciences and have been assisted by the intimate relation between the medical school and other parts of the university.

If we hastily survey the development of nursing education, we shall see that it had its beginning in the hospitals, it grew from the demand for nursing care of the sick and developed into a plan by which nurses trained in the hospital might be available for nursing in so-called private practice. In this earlier state of its development, nursing education was practically entirely upon what might be called an

[1] Read at the Biennial Convention (34th annual meeting of the National League of Nursing Education), Louisville, Ky., June, 1923.

"apprentice system"; that is to say, the training was the result of actual experience in the care of patients with very little underlying theoretical discussion, with practically no teaching in the sciences, and with relatively little and haphazard teaching in medicine itself. It will be remembered that at a much earlier period, medical education was of the apprentice type and that the early physicians obtained their training by apprenticing themselves to a practitioner and learning from him the art with such smatterings of science as he might be able to give them. In medical education, the apprentice method of instruction was largely lost, particularly in this country, and it is only in recent years that an attempt is being made to again make use of this method, particularly during the years of clinical study. This is one of the phases in which it seems to me not impossible that nursing education may learn a lesson from the mistakes of medical education. That what may still be called the "apprentice method of approach" is still the soundest method in teaching clinical practice, whether in the field of medicine or in the field of nursing, seems to me quite certain, and I am hopeful that as the pressure for scientific training increases and the amount of scientific knowledge which the nurse may be properly expected to have presses for space in the curricula, sight will not be lost of the essential importance of retaining the apprentice method in the basic training of nurses.

What may be referred to as the "basic course" in nursing education today is the three-year course offered to high school graduates without preliminary work of college grade. This appears at the moment to be an eminently sound arrangement and one which can be offered by a great many hospitals widely scattered over the country to the great benefit of their patients and to the great benefit of their students who are thereby equipped for what is often referred to as "private duty nursing." For the reasonably sound conduct of such a course the university is in no way necessary, though if a hospital nursing school happens to be situated in the neighborhood of a university, the latter can undoubtedly be of service in teaching in the fields of science.

If the university is to play its largest part in assisting in the development of nursing education, it is essential that such a university should have as part of its organization a high grade medical school with associated or allied hospitals. When such a fortunate arrangement exists, the university is in a position to enrich and extend nursing education.

It may be laid down as a sound premise that in nursing, as in medicine, specialization has come, and will continue to grow. It is my own view that specialization in nursing, as in medicine, should be a growth from a basic course and that it is rarely wise for the future specialist to assume a special attitude from the beginning. In medicine, the basic course is intended to train men for the general practice of medicine, and I believe that in nursing the basic course should be planned to train nurses for so-called private duty nursing. I am aware that this view is not in accord with that of many people whose opinions are undoubtedly entitled to great respect and who have seen in the university an opportunity to set up highly specialized courses for the training of specialists in nursing and particularly for the training of those upon whom must fall the burden of nursing education. That the university should be prepared to help in this field no one will deny, but that it is

the chiefest or most important contribution which the university can make in this field of nursing education seems to me at least debatable. I submit for your consideration the following general view of the ways in which a university equipped with a sound medical school and allied or associated hospital may be of service:

1. It should offer, through the joint operation of its medical school and its hospitals, a basic three-years' course in nursing, open to high school graduates and leading to a diploma in nursing which is the initial step toward registration in nursing.

I do not regard myself as equipped to discuss before this audience the detailed questions of what this basic three-years' course should demand, but will only point out certain important factors which it seems to me must be taken into consideration in the development of such a plan.

At the outset, we must recognize that the three-year course leading to a diploma is not, or certainly should not be, static. Nursing is inseparably and most intimately connected with the practice of medicine and as medical practice is changing at a rate enormously greater than at any previous period in its history, it goes without saying that the training of the nurse to associate herself with the practice of medicine must change at a very similar rate. Not more than a quarter of a century ago, the education of the nurse consisted chiefly in the observation of symptoms and in the application of methods of treatment which were in themselves relatively simple, requiring little or no knowledge of underlying science and chiefly practice in the repeated application of these methods and the acquisition of a sound knowledge of the behavior of people during illness. Within the last fifteen years, both in the departments of diagnosis and of treatment, medicine has become enormously more complicated. To point only to a few examples, it will be noted that the use of subcutaneous intramuscular and intravenous therapy has practically grown up during this period. In the treatment of fractures, for example, relatively simple appliances have given place to much more complicated ones which undoubtedly contribute enormously to the success of treatment, but also add enormously to the knowledge required by the nurse in order to be of greatest assistance to her patient. The introduction of the X-ray, both in diagnosis and treatment, the rapid growth of physical therapy with the accompanying decline in drug therapy, will make it quite clear that the training of any nurse today in a course considered basic has become an enormously more complicated matter than it was even fifteen years ago. The most outstanding result of this change in medical practice is that, whereas a knowledge of the science underlying medicine was relatively unimportant in nursing education a quarter of a century ago, it has become today absolutely necessary. A nurse trained without any knowledge of the reasons for complicated methods of diagnosis or the basic scientific reasons underlying treatment cannot today play her full part in medical service. In some ways I am inclined to believe that nursing and medicine are drawing together even more intimately than in the past. It is today increasingly difficult to say where the function of the physician ends and the function of the nurse begins. No one, I think, would be prepared to deny that, upon a strictly legal interpretation of the phrase, "the practice of medicine," many nurses are today unavoidably doing things which are technically in the field of medicine. That such a

blurring of the line between the two fields is unavoidable seems to me quite certain, and I am by no means clear that it is at all desirable for the best interests of the patient that such a line should be sharply drawn. Since, therefore, it is true that the amount of knowledge in the field of science which the physician must have has increased enormously of late years, it follows, as I think inevitably, that the amount of knowledge in these fields which the nurse must have has likewise increased, though possibly not quite in the same proportion.

Again I would draw your attention to the fact that the importance of preventive medicine is constantly becoming more evident. It is accepted as a truism that prevention is a large function of the practitioner of medicine, and I see no avoiding the conclusion that preventive medicine will become a large factor in the function of the nurse. This will require a not inconsiderable addition to the curriculum in the field of preventive medicine and this will add again to the changing character of the basic course in nursing.

I would point out to you that these additions to the required knowledge do not come as the result of a conspiracy between the scientists and the physicians to increase the complication of medical treatment, but directly as the result of a demand from the public that they be given the benefit of discoveries in the field of science which can be applied to medical service.

Finally, I would draw your attention to the fact that it is becoming increasingly evident that a large part of the ills to which mankind is heir are not properly described as "disease," but are the result of faulty adjustment to his environment. It seems to me wholly probable that these difficulties of adjustment are destined to increase, perhaps rapidly, with the increasing complication of modern civilisation. From this it would appear to follow that no nurse can be regarded as soundly equipped for the practice of private duty nursing without at least some knowledge of the economic and social problems of the community and some experience in what may be called "social service."

I have perhaps taken an undue proportion of your time in pointing out the obvious fact that the basic course in medicine is not static; that it is constantly changing; that its requirements are constantly increasing and that our attitude toward nursing education must be one of continued willingness to enlarge its scope to meet well-established demands.

2. The next field in which the university should, I believe, be equipped to offer educational service is in what may be called the "graduate or postgraduate study" leading to specialization in the nursing field.

Such specialization should, I think, as a rule be put on top of the basic course and not made a separate nursing course from the beginning. Without going into the many fields of specialization which exist today and which are undoubtedly increasing, one may point to the following as fairly well established:

a. Public health nursing.
b. School nursing, though this may be regarded as an aspect of public health nursing.
c. Special work in the field of tuberculosis.
d. Special study leading to proficiency in administrative work such as charge and oversight of hospital divisions including the management of operating theatres and perhaps even the administration of small hospitals.

All of these fields require graduate education which might extend over one or more years and should lead to a certificate of proficiency.

3. Advanced courses probably leading to a degree and intended to develop the people who will be concerned with the education of nurses.

This course, or series of courses, seems to me on a somewhat different basis from any of the others. It will, I believe, require not only further knowledge of the basic sciences, further knowledge of the special fields in nursing, but also some training in pedagogy. I suggest this in spite of the fact that it is notoriously true that the teachers in medicine have, as a rule, had no training in this field. Pedagogy has, I believe, justified its right to be regarded as a profession and has, I think, a good deal to offer to those who intend to devote themselves to teaching, even in fields as special as are law, medicine and nursing.

That people who are to devote themselves to teaching should have an academic degree is perhaps debatable, and yet in no other field is this regarded as doubtful, and it seems to me quite certain that we are on sound ground in expecting that the teacher will have had considerable experience in the academic field. On the other hand, among the various services which the university may offer in nursing education, this seems to me one of the smaller, and I should be hopeful that its development would not be allowed to overshadow the very outstanding service which I think the university can give in the broader fields.

There still remain two problems which interest me and to which I think it is proper to call your attention, even though they may seem somewhat detached from the specific subject of my discussion. One of these is the question whether, with the increasing academic contribution to nursing education, with the increasing extent to which training in the basic sciences and training in purely medical fields is increasing, the whole expense of this training is today a proper charge against the hospital. This, of course, is only another way of asking whether it is a proper charge against the patient. To this question most of us would unhesitatingly answer in the negative, but the question then arises: If this training, though essential to the nurse, is not a proper charge against the patient, to whom should it be charged? Clearly, it must be given. Clearly, it costs money. Somebody must pay the bill.

Now, I think there is some parallel between nursing education and medical education in this field, though the balance is at the present time wholly different. During his years of basic training, the medical student is on precisely the same basis as any other student. During his years of what might be called "apprenticeship" he is at the hospital, and it is regarded as proper that the hospital should pay for his maintenance in return for the service which he gives to its patients. It does not seem to me impossible that this same doctrine may be extended to nursing education though, as I have already pointed out, in different proportion. A considerable part of the nurse's training in the basic course is now taken up with what is strictly academic work. Some of this could be grouped at the beginning of the course, and during that period the students could be regarded as are all other university students. This seems to me not a difficult conception. The greatest difficulty will arise in assorting the proper allocation between the hospital and the academic field for that part of the nursing curriculum which is strictly academic and

that which is strictly on an apprentice basis. I suspect that in the working out of this problem it will be found necessary to associate nursing schools more intimately with medical schools and to build up faculties which are partly academic, partly medical and partly wholly in the nursing field. Such joint faculties will draw medicine and nursing more accurately together and will, I believe, be of real advantage.

The other problem concerns itself with the danger of over-production of the so-called "private duty nurse." The demands of hospital service require that the number of women being educated in this field should be large and become larger. The demand for people as highly trained and who have given such a large amount of time to their training is probably below the supply and it, therefore, follows that there will be less than a sufficient amount of employment if things go on as they are today. This does not seem to me as great an economic problem as it has seemed to some other people, because I regard a training in nursing as the most valuable education which any woman can have. There is hardly any field in which she will live successfully in the future which will not be benefited by such a training. Except in the preparation of women who intend to be teachers, I believe that a sound argument could be made upon the proposition that a three-years' course in nursing will result in an educational basis superior to that obtained by the average woman today in a college, whether co-educational or a college for women. Unless we are prepared to deny that there is any basic difference between men and women, we must at least, I think, admit that it may be true that the fundamental education of men and women, except in the field of teaching, should be fundamentally different. Training as a nurse seems to me to add enormously to the qualifications of any woman for the complicated business of living.

Protection of Nurses against Diphtheria and Scarlet Fever[1]

By Charlotte Johnson, R.N.

THE Durand Hospital of the John McCormick Institute for Infectious Diseases was opened for patients March 12, 1913. This research institute, founded by Harold F. McCormick and Edith Rockefeller McCormick, in 1902, was organised primarily for the study of scarlet fever, although many other infectious diseases are being investigated here. A hospital functioning under the direction of such an institution not only keeps in touch with scientific progress in medicine, but also offers excellent opportunities as a laboratory for the bedside nursing care of patients suffering from acute communicable diseases, and for the practice of medical asepsis. A three-months' course of theoretical and practical instruction is offered to Senior students from accredited schools.

[1] Read at the Biennial Convention (34th annual meeting of the National League of Nursing Education), Louisville, Ky., June, 1928.

At the time the hospital was opened, in 1913, no method was known by which susceptibility to diphtheria or scarlet fever could be determined. In the care of the very acutely ill patient suffering from such diseases, the close contact required in good nursing care obviously places the nurse in some danger of accidental exposure, however careful her technic.

Introduction of the New Student to the Hospital Technic

FROM the beginning, strenuous effort has been made to teach intelligent technic. Before entering the wards, the superintendent instructs each new student in the principles upon which medical asepsis is based, and demonstrates to her the proper method of cleansing the hands, the gown technic, and the doorknob technic, having her repeat these procedures at this time in order to clear up any errors or misunderstandings. The reasons for, and the importance of the following suggestions and rules for personal protection are then reviewed carefully:

Fresh, moist discharges from the upper respiratory tract carry the infectious organisms in most contagious diseases.

Spinal fluid, blood, excretions and discharges from wounds are often infectious, and should be treated accordingly.

Communicable diseases are taken and carried by contact, chiefly, the mouth, nose, throat and open wounds being the usual points of entrance.

Do not put fingers, pins, labels, pencils or anything else to the mouth. Keep the hands away from the face. Do not allow a patient to come in contact with the face or hair.

Always put a clean gauze mask over the mouth and nose before caring for very sick, delirious patients having profuse discharges. Avoid as far as possible getting near or in direct line with the mouth of a patient who is coughing, sneezing, vomiting, or spitting, when infectious material may be thrown out several feet.

Wash the hands thoroughly after handling each patient. Before entering a contaminated area, a gown should be put on and properly tied so that the nurse's uniform will not become contaminated. Before leaving, the gown should be untied, the hands thoroughly scrubbed and dried, the gown removed without touching the contaminated side, folded carefully and hung up avoiding contamination of the clean side.

Finger nails must be kept short and in good condition. On going off duty, a cold cream or lotion should be used on the hands. A rough skin makes the proper cleansing of the hands impossible, thus rendering them unsafe for duty.

Upon entering the living quarters, remove the ward uniform, hang it in the bathroom, avoiding any contact with clean street clothing. Wash the face, neck, ears, and scrub the hands and arms to the elbows. Put on fresh clothing before going to meals. Never wear the uniform on the street.

All floors are contaminated. Do not use handkerchiefs, towels, clothing, etc., that have dropped on the floor.

Daily baths, scrupulous care of the mouth and teeth, nutritious food taken regularly, plenty of fresh water from an individual cup, good elimination, good ventilation of living-rooms without drafts or chilling, eight hours of sleep, daily exercise out of doors—all play an important part in keeping up the resistance of the body.

Nose and throat cultures must be made each week. Sore throat, rash or any other symptom of illness, no matter how trivial it may seem, must be reported at once.

A supervising nurse demonstrates the routine technic to the new student, teaches each new procedure, and does systematic follow-up work with the students in the wards.

March 12, 1913, to October 1, 1914. *Period preceding the introduction of the Schick Test.* During the first eighteen months in the hospital, almost half of the personnel of the nursing staff was made up of graduate nurses who were older, and much less susceptible to communicable disease than the young student nurses. In the first group of students received, a large number came from a sanatorium some distance from Chicago where the air was clean and dry. The change of

environment and atmospheric conditions seemed to predispose these young women to upper respiratory infections of all sorts. During this period, thirty graduate nurses were on duty, one of whom developed diphtheria; while among thirty-eight student nurses on duty, seven developed the disease.

October 1, 1914, to January 1, 1921. *Period following the introduction of the Schick Test.* In October, 1914, shortly after Schick had published his results of a skin test for determining susceptibility to diphtheria, this test was begun routinely upon all nurses entering the service. It was soon evident that to be of value, these tests must be made from an exact amount of fresh toxin given intradermally, and that the reading of the test required experience and skill.

Prophylactic doses of antitoxin given to nurses having positive Schick Tests. During this period, nurses having positive Schick tests or, in other words, those found susceptible to diphtheria, were given a prophylactic dose of 1,000 units of diphtheria antitoxin before caring for patients suffering from the disease. As this method of immunization was found to confer only transient protection, Schick tests were repeated upon susceptible individuals at three or four-week intervals. When retested, those showing positive reactions were given second, and sometimes even third prophylactic doses of diphtheria antitoxin during the three-months' period of service. In spite of these protective measures, an individual occasionally developed diphtheria before it was demonstrated, by a re-test, that her immunity had been lost.

Although by this method of procedure, the incidence of diphtheria was reduced to 5.8 per cent, there were connected with this measure certain limitations and disadvantages. The very temporary nature of the protection given, the inconvenience and discomfort of disagreeable protein reactions, and the chance of sensitization to horse serum, which might give rise to troublesome reactions following the administration of serum if needed at some future time, were all of sufficient importance to demand careful evaluation of the benefits derived. A more active and permanent immunization was clearly desirable.

January 1, 1921, to December 1, 1927. *The introduction of toxin-antitoxin immunization.* About January 1, 1921, after the use of toxin-antitoxin (a mixture of diphtheria toxin with slightly less antitoxin than required for its neutralization) had passed the experimental stage, and its value in active immunization had been fully demonstrated, it was begun here routinely. Superintendents of nurses in all affiliating schools were asked to coöperate in the work of establishing active immunization of their susceptible students who desired to take the course offered. The response was excellent.

When introducing this work, our resident physician visited each school, taking our own materials for making Schick tests. In most of the schools, not only the students desiring to take the course here, but the entire student body, and in some instances the graduate staff as well, were given the Schick test for determining their susceptibility to diphtheria. Three or four days later, the physician making the tests returned to the school and made a careful record of all his readings. Those having positive reactions were given the initial dose of T. A., and asked to report to the McCormick Institute at intervals of one week for two more doses.

At the end of three months, following this series of doses of T. A., the nurse was asked to return for a re-test, to determine whether her immunity were complete. Occasionally a second series of T. A. was required, which was almost always followed by a completely negative Schick reaction within a few days.

At the present time, all the Schick tests are made and read by Dr. and Mrs. George F. Dick, in the McCormick Institute. They are now giving five doses of T. A. to all susceptible individuals with more uniformly negative results than when only three doses were given.

Results Obtained from the Use of Toxin-Antitoxin

FROM January 1, 1921, when T. A. was begun routinely, until December 1, 1927, the incidence of diphtheria among student nurses dropped to 1.5 per cent.

It is interesting to note that not a single nurse who had an originally negative Schick test developed diphtheria, and that only one whose immunity appeared to be established by T. A. before entering the service, developed diphtheria during this seven-year period.

The individuals developing the disease were among those who had not obtained complete immunity before entrance.

Most of our nurses now have their immunity established before coming on duty.

Is This Immunity Permanent?

IT is too early to determine the permanence of the immunity developed as a result of the administration of the T. A. Some of the physicians and nurses thus immunized have returned after several years for retests, and are found to be immune still.

Scarlet Fever Incidence in Student Nurses

MARCH 12, 1913, to January 1, 1924. *Period preceding the Dick Test.* During this period, scarlet fever occurred in 7.7 per cent of the student nurses on duty.

January 1, 1924, to December 1, 1927. *Period after Dick Test was introduced, followed by immunization of susceptible individuals with Dick toxin.* About January 1, 1924, Dr. George F. and Gladys H. Dick, who have done their research work here, began making routine skin tests on our student nurses to determine their susceptibility to scarlet fever. Those found susceptible by this test, which must be accurately read at the end of twenty-four hours, are given five small doses of scarlet fever toxin at five- to seven-day intervals, and are re-tested two weeks after the series is completed. Occasionally an individual requires more than one series of scarlet fever toxin in order to obtain immunity.

During the first year following the introduction of the Dick test, three nurses developed scarlet fever. None of those developing the disease had been immunized to a Dick negative skin test. It is an interesting fact that no case of scarlet fever has developed in any nurse who had an originally negative Dick test, nor in any one immunized to complete immunity by the administration of the Dick toxin previous to entering the service.

Should Nurses Be Immunized?

IF careful medical asepsis is taught and conscientiously observed, why should the nurse be immunized? Why not tell her that if she acquires a contagious disease it is due to her own carelessness or lack of intelligence? That has been said in the past, and it is doubtless true in many instances.

Occasionally, however, our very best and most careful students have developed these diseases.

Under what conditions may an efficient, conscientious worker become infected? This may be illustrated by concrete examples. In one instance a baby recently operated upon for cleft palate developed scarlet fever and was sent to us. This baby had a sloughing hare lip and the mouth required nice care. With every swallow of his feedings, he coughed and sprayed forth virulent infectious material, but the conscientious nurse considered the child's welfare before her own personal safety. While caring for that *one* child, a physician and three nurses, one after another, developed scarlet fever!

Again, a baby having had a tracheotomy in the acute stage of laryngeal diphtheria, developed a secondary infection of the wound which needed the most painstaking attention. The child had violent fits of coughing whenever the tube was being cleansed. Even though every practical aseptic precautionary measure was carried out, an unexpected emergency arose; artificial respirations were necessary, followed by violent coughing which forced out masses of membrane and mucus loaded with Klebs-Loeffler bacilli. The very nature of the work in cases like this obviously involves considerable risk to the doctor and to the nurse, who in this case were both infected. These are not rare and isolated cases. Similar incidents occur in every hospital caring for acute infectious diseases. With all the evidence before us, are we justified in a laissez-faire policy?

The Cost of Conservatism

THE price we pay for our conservatism in terms of human life cannot be reckoned. In 1796 Edward Jenner's epoch-making work in vaccination against smallpox met great opposition, even by many of the medical men of his time. And although today it is a well-known fact that by means of universal vaccination, smallpox might be entirely eliminated, we still have this loathsome disease in our midst. Even though there is a remote possibility of secondary infection, or of a disagreeable reaction following this procedure, the more serious danger from this disease itself, so far outweighs such minor considerations that the safety of the individual as well as the welfare of the community more than justify the slight risk taken in carrying out this protective measure.

Who can estimate the value, or measure the results of typhoid vaccination? It has done away with a scourge in the army which, during war-time, has always taken a higher toll of men on both sides of the lines than the enemy's guns! When a man is going into the army where he is likely to drink water contaminated by typhoid bacilli, would he be sent out today without being first vaccinated against typhoid?

When young men and women take up medicine or nursing as chosen careers, where they are liable to come in contact with any disease, is it not the safest and wisest policy to equip them with every possible protective health measure? Time and again brilliant young medical students and nurses have been sent to us from general hospitals suffering from scarlet fever or diphtheria, where no history of known exposure could be obtained. Some of them have made a good recovery, some have been seriously handicapped, while others have paid with their lives the price of our conservatism, and society has lost the fine contribution which these public-

spirited young men and women were prepared to give. Now that we are able to protect our nurses against diphtheria and scarlet fever, is it not our duty to do so?

Fear of Reactions

THE same type of conservatism met with in Jenner's time is with us today! Fear of disagreeable or serious reactions stands in the way of the progress of preventive medicine. That such reactions may occur is a well-known fact, but in weighing the benefit derived against the danger faced, the balance is overwhelmingly in favor of protective measures.

Danger of Reactions Overemphasized

DURING a period of twenty-four years' active experience in hospitals for acute communicable diseases, with an unusual opportunity for noting the effects of serum and immunization upon hundreds of nurses and patients, no death has occurred under my observation as a result of this work.

Value of Protective Measures

DURING our last year, no case of diphtheria or scarlet fever occurred in any interne or nurse on service in Durand Hospital. This is the first time we have made this record—it may be the last! Be that as it may, we are fully convinced that the protective measures instituted have made this record possible. Not only have the individual interne and nurse been protected, but these young people will teach the gospel of protective immunization in every community in which they carry on their work!

Scarlet Fever in Student Nurses[1]

	No. of Nurses	Cases of Scarlet Fever	
Before Dick Test, March 12, 1913, to December 31, 1923	317	40	7.7%
After Dick Test, December 31, 1923, to December 1, 1927:			
Originally insusceptible (negative test)	132	0	
Susceptible immunized to negative test before service	59	0	
Susceptible immunized while on service	62	2	
Miscellaneous: not tested, susceptible but not immunized, etc.	15	1	
Total for period	268	3	1.1%

Diphtheria in Student Nurses

	No. of Nurses	Cases of Diphtheria	
Before Schick Test, March 12, 1913, to October 1, 1914	38	7	18.4%
After Schick Test, October 1, 1914, to January 1, 1921:			
Originally insusceptible (negative test)	157	6	3.8%
Susceptible (positive test) given antitoxin	125	9	7.2%
Susceptible, not given antitoxin	8	2	
Total for period	290	17	5.8%
After Toxin-antitoxin, January 1, 1921, to December 1, 1927:			
Originally insusceptible	140	0	
Susceptible immunized to negative test before service	159	1	
Susceptible immunized while on service	88	4	4.5%
Susceptible given antitoxin on entering service	26	1	
Miscellaneous: service interrupted, doubtful tests, etc.	44	1	
Total for period	457	7	1.5%

[1] These statistics were published in an article on "The Prevention of Diphtheria and Scarlet Fever" in the *Journal of Preventive Medicine*, July, 1928, by Ludvig Hektoen and Charlotte Johnson.

The League Report

MEMBERS of the National League of Nursing Education will welcome the news that the Annual Report will be available very soon after this magazine reaches them. This year's report is "full of meat," as some extremely valuable papers with almost equally valuable discussion were presented at Louisville. The report will be mailed to all members and they are reminded that, if they have recently changed their addresses, they should notify the Executive Secretary at once. Only a few extra copies will be printed. Those desiring them should place their orders immediately.

LIST OF PUBLICATIONS, PHOTOGRAPHS, AND SLIDES

NATIONAL LEAGUE OF NURSING EDUCATION

NATIONAL NURSING HEADQUARTERS, 370 SEVENTH AVENUE, NEW YORK, N. Y.

A Curriculum for Schools of Nursing, Education Committee, National League of Nursing Education		$2.50
A Sound Economic Basis for Schools of Nursing and Other Addresses	M. Adelaide Nutting, R.N.	2.50
M. Adelaide Nutting—Some Appreciations		.15
Some Essential Conditions in the Education of Nurses	M. Adelaide Nutting, R.N.	.25
Adult Education	Charles H. Judd	.10
Report of the Committee on Nursing Education	Josephine Goldmark	.10
The Report of the Rockefeller Foundation on Nursing Education: A Review and Critique	Richard Olding Beard, M.D.	.10
The Making of History in Nursing Education	Richard Olding Beard, M.D.	.10
The Nurse as a Teacher of Positive Health	Annie W. Goodrich, R.N.	.10
Nursing Education in America: Review and Outlook	Laura R. Logan, R.N.	.10
Steps in Nursing Education	Laura R. Logan, R.N.	.10
The Goal of Nursing Education	Laura R. Logan, R.N.	.10
Training the Obstetrical Nurse	Carrie M. Hall, R.N.	.15
Taking Courage	Carrie M. Hall, R.N.	.10
Opportunities in the Field of Nursing (100 copies or over, 10 cents each)	Isabel M. Stewart, R.N.	.15
Choosing a Profession	Carrie M. Hall, R.N. per 100	1.00
Electing Nursing as a Profession	per 100	2.00
A Challenge (Vocational Information on Nursing)	Postage charges only.	
Problems Involved in the Grading Program	May Ayres Burgess	.10
The Place of the Teaching Supervisor in our Educational Program	S. Lillian Clayton, R.N.	.10
Methods of Increasing Ward Teaching and Improving Supervision	Mary M. Marvin, R.N.	.15
Improvement of the Nurse in Service: an Historical Review	Blanche Pfefferhorn, R.N.	.15
How To Make General Duty More Attractive to Graduate Nurses and Discussion	Anna D. Wolf, R.N., and Claribel A. Wheeler, R.N.	.15
Distribution of Nursing Service in Hospitals	Marian Rettman, R.N.	.10
Preliminary Report of University Schools of Nursing, Education Committee, National League of Nursing Education		.20
Report of Conference on Nursing Schools Connected with Colleges and Universities, January, 1926		1.00
The Organization and Management of a Nursing School Library	Blanche Pfefferhorn, R.N.	.10
Bibliography (Text and Reference Books for Schools of Nursing)		.20
Forms of Government in Schools of Nursing	S. Lillian Clayton, R.N., and Others	.15
A Health Study in a Nursing School	Marian Rettman, R.N.	.10
Mental Hygiene and the Student Nurse	Esther Loring Richards, M.D.	.15
Tuberculosis among Young Women, with Special Reference to Tuberculosis among Nurses	Jessamine S. Whitney	.10
Positive Health for Nurses	Caroline Hedger, M.D.	.05
The Very Small School of Nursing	Mary R. Gladwin, R.N.	.10
What Constitutes an Adequate Residence for a School of Nursing?	Alice Shepard Gilman, R.N.	.10
Furnishing and Equipment of a Residence for a School of Nursing	Alice Shepard Gilman, R.N.	.15
Report of Committee on Nomenclature, National League of Nursing Education		.05
Report of Committee on Budgets for Schools of Nursing, National League of Nursing Education		.10
The Problem of Making up High School Deficiency	Edith C. Richardson	.10
The Education of the Student Nurse in Tuberculosis Nursing	Katharine J. Densford, R.N.	.15

Modern Facts and Phases of Tuberculosis	David Alexander Stewart, M.D.	$0.10
Methods of Teaching Chemistry in Schools of Nursing	Harry C. Biddle	.10
The Present Concept of Method	Georgina Lommen	.10
Habits and Skills	Maude B. Muse, R.N.	.10
Suggestions for a Course in Mental Nursing for Affiliated Students	Effie J. Taylor, R.N.	.05
Routine Inspection of Schools of Nursing	Alma H. Scott, R.N.	.15
Nursing and Health of the Future	Christopher G. Parnall, M.D.	.05
The Relation of a School of Nursing to a Hospital	Isabel W. Lowman	.05
The Basis of Professional Ethics for Nurses	Dr. William H. Kilpatrick	.15
Reports of the National League of Nursing Education—odd volumes, each		1.00

LEAGUE CALENDARS AND BOOKLETS

Early Leaders of American Nursing, booklet 1922	.35
Leaders of American Nursing, Calendar 1923	1.00
Leaders of American Nursing, booklet 1923	.35
Leaders of American Nursing, Calendar 1924	1.00
Nurse in Poetry, Calendar 1926	1.00
Hospital in Poetry, Calendar 1927	1.00
Calendar of Quotations, 1928	1.00
Historic Hospitals, Calendar 1929	1.00

PHOTOGRAPHS

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LANTERN SLIDES

History of Nursing—120 in set—per slide	.50
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History of American Nursing (in preparation, 64 slides have been collected)—per slide	.50
Rental by set	5.00

A List of Schools of Nursing Accredited by the State Boards of Nurse Examiners (1928) is published and sold by the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. The price is $1.50.

Questions

22. What are the cause, prevention, treatment and percentage of deaths from "ether pneumonia"?

Answer.—In her book, "The Principles and Practice of Nursing," Bertha Harmer says: "Pneumonia is a serious complication which occasionally develops after an operation although with proper care before, during, and after the operation, it can always be prevented. Where there is no pre-existing cause it is the result either of a poor anesthesia or of poor nursing. Where there is a predisposing factor, such as inflammation of the upper respiratory tract—coryza or bronchitis, or disease or congestion of the lungs as in tuberculosis and some forms of heart disease—ether anesthesia is avoided. It depresses the respiratory center, increases the local irritation and congestion and so forms a suitable soil for the invasion and growth of bacteria.

"The prognosis in pneumonia in the old or the very young is bad, and in all cases it adds greatly to the discomfort of the patient. The coughing causes severe pain and a serious strain on the sutures of the wound, and in every way makes the outlook less favorable.

"The preventive measures to use before the operation are to see that the mouth, nose and throat are well cleansed; to avoid exposure and chilling of the body during the preparation of the patient and in all other treatments; to see that old people, particularly, have plenty of bedclothing so that they will not be chilled by the scanty cotton nightgown and a lack of the underclothing which they may have been accustomed to; and to see that the patient is quite warm when going to the operating room.

"A prolonged anesthesia is always to be avoided when possible. The preventive measures while the patient is under the anesthetic and later are, to keep the mouth, nose and throat free from mucus, vomitus or blood, and to prevent their inhalation. Avoid exposure. Be particularly careful to see that the patient is well covered when coming from the warm operating room—the chest and the extremities particularly must be kept warm. A padded jacket, as chest protector, is usually worn under the gown. Avoid exposure during restlessness. Ether causes a dilatation of the blood-vessels in the skin, and perspiration. Chilling of the surface of the body would cause these vessels to contract, thus driving the blood to the interior and causing congestion of the lungs and other internal organs. Allow no damp clothing near the patient, such as gown or bed linen wet with perspiration. See that the room is quiet and warm (68°), with plenty of sunlight and fresh air, but no drafts.

"Particular care must at all times be taken with old people. They must not be allowed to lie long on their backs, must be turned frequently, placed in a semirecumbent position, given a backrest, and allowed to get up as soon as possible. All patients should be turned as often as their condition permits. Particular care must also be taken after operations on organs high up in the abdomen, such as the stomach, liver and gall-bladder, because the handling, exposure and irritation of the upper peritoneum and the diaphragm predispose to pneumonia. These patients are usually propped high up in bed. No tight binder or strapping, etc., should be allowed to limit the movement of the lower ribs, as this also predisposes to pneumonia. Loss of blood also predisposes to pneumonia.

"The symptoms which suggest pneumonia are rapid respirations, an increase in the pulse rate, an elevation of temperature, and frequently a cough. They usually appear on the third or fourth day.

"Postoperative pneumonia is usually bronchitic or broncho-pneumonic in type, although lobar pneumonia occasionally develops. The grouping of the sputum usually shows Group IV pneumonia, that is, a mixed infection—the *streptococcus, micrococcus catarrhalis* and *influenza bacillus* may be present. These are organisms commonly found in the nose and throat.

"The treatment, in addition to the preventive measures already described, consists in keeping the air warm and moist—steam inhalations give great comfort; the use of sedatives (codein) to relieve the cough and strain on the sutures; water in abundance to drink, and the prevention of distention. Local applications to the chest, such as mustard pastes and cupping, also give relief. The patient should be kept absolutely quiet, free from worry or excitement."

The treatment for lobar pneumonia, demanding the highest skill of the nurse, is too long to be included in this column.

Department of Red Cross Nursing

CLARA D. NOYES, R.N., *Department Editor*
Director, Nursing Service, American Red Cross

THE RED CROSS AT STATE NURSES' CONVENTIONS

IN the historic language of the old-fashioned almanac, "As the autumn approaches look out for" annual conventions of state nurses' associations. This monitory message with some elaboration, has recently been sent to the chairmen of all state committees on Red Cross Nursing Service. We hope the presidents and officers of state associations, as well as chairmen of program committees, will also catch the signal and respond by making room on the program for Red Cross Committee reports, and one from the State Red Cross Nursing Field Representative. A national Red Cross speaker might also be secured.

National Headquarters is always glad to furnish posters and other material for educational, as well as decorative purposes. An information booth with uniformed Red Cross nurses in charge adds color to such an occasion. A book in which all Red Cross nurses may register increases the interest. Red Cross luncheons and dinners give an opportunity for social intercourse. The annual convention also offers an excellent opportunity for a conference of all members of state and local committees. The latter which reached the committees after the "Biennial" furnishes ample subject material. Because of the affiliation between the American Red Cross and state associations, it is not only desirable but mutually advantageous to have the Red Cross Nursing Service presented in all its aspects.

MORE DISASTERS AND THEN MORE

THOSE who attended the "Biennial" and were inconvenienced by the almost constant downpour of rain will not be surprised to learn that some of the rivers of Kentucky overflowed their banks, calling the Red Cross Disaster Unit again into that state. The State Department of Health has been in charge of the health work, but three of the affected counties were without Health Units. To these the Red Cross furnished nurses for the necessary preventive follow-up work of inoculations, vaccinations, etc. Margaret East, formerly Red Cross Nursing Field Representative, now with the State Department of Health, directed the nursing work.

There are other types of disasters which are more insidious even than floods, for unlike our swollen rivers they usually give no warning, but suddenly becoming active, may lay a community low and exact a heavy death toll. A recent epidemic of septic sore throats at Lee, Massachusetts, has required the services of approximately 170 nurses. The majority of these were not members of the enrollment, as it was managed entirely by the state and local health authorities. Our Red Cross Local Committees were, however, called upon to assist in securing nurses, while our Nursing Field Representative for western Massachusetts, Mildred Whiting, visited the town and offered her assistance. At her suggestion, Dorothy Raybold, from Pittsfield, was placed in charge, with an assistant, Marion Gile, from Boston, both Red Cross nurses. Miss Raybold reported, on

August first, "that the epidemic was well under control, that it had not spread, and that the Emergency Hospital which cared for a total of 76 patients (67 was the highest number at one time) with a staff of 30 nurses, had been closed. Seventy-five nurses were still on duty on that date, either in private homes or with the Visiting Nurse Association." The press reports between five and six hundred cases and twenty-four deaths, and it also has suggested an infected milk supply as the source of the epidemic.

Epidemics of disease are certainly becoming less frequent which speaks well for the work of health officers, public health nurses and a more enlightened population. Perhaps the time will come when all such disasters will cease. For the present, however, they may occur at almost any place, consequently the American Red Cross cannot afford to relax its vigilance, and by maintaining an active enrollment of nurses should be ready to respond at a moment's notice.

Red Cross Nursing Activities in Other Countries

THE American Red Cross Nursing Service has always been regarded as somewhat unique, in that it conducts no schools of nursing or other methods for the preparation of the nurses enrolled in its service. It obtains its nurses from civilian schools meeting its requirements. It is, therefore, interesting to read in the July number of the Information Bulletin, issued by the League of Red Cross Societies, Paris, that the Belgian Red Cross

> does not undertake the training of professional nurses, but devotes its activity in this field to encouraging the enrollment of nurses at the different training schools. . . . It has organized a Central Nursing Service . . . which is responsible for the registration of nurses and voluntary aids.

The name of the director is not mentioned. The adoption, however, of this progressive method presupposes the appointment of a nurse director.

The Belgian Red Cross has also coöperated with the Federation of Schools of Nursing in holding a study week for nurses. About forty nurses attended. The course included lectures in psychology, dental hygiene, dietetics and practical demonstrations. A "study week," we infer, would be similar to a nursing institute in this country. Congratulations to the National Federation of Nurses of Belgium which corresponds to the American Nurses' Association and also to the Belgian Red Cross, upon the establishment of this type of coöperation.

We also note with interest the appointment of Olive Baggally to the staff of Bedford College (Department of Social Studies and Economics) as teacher of practical work to the students attending the International Nursing Courses, organized by the League of Red Cross Societies at Bedford College. Miss Baggally is the first nurse to receive an appointment of this kind on the staff of a college in the University of London. Readers of this Department will recall that the International Courses were started under the auspices of Alice Fitzgerald, an American Red Cross nurse, when she was Director of Nursing for the League of Red Cross Societies.

Opportunities in Foreign Countries

INQUIRIES continue to reach the National Red Cross Office concerning opportunities in nursing in foreign countries. As far as the American Red Cross is concerned, unless some great international catastrophe, such as that which followed the burning of Smyrna, occurs

opportunities in the foreign field have almost reached the vanishing point. We are still interested in the American Hospital and School of Nursing in Constantinople and have secured American Red Cross nurses for the supervisory positions. With the exception of the Director, graduates from the School are now filling all the important positions. The Near East Relief and the American Women's Hospitals organizations, although they have greatly reduced their nursing staffs, continue to apply to the American Red Cross for nurses.

Perhaps the largest field is in Haiti, where a staff of four American Red Cross nurses directs the School of Nursing connected with the Haitian General Hospital. We are always glad to receive applications from nurses who are qualified to teach in the French language and who are otherwise prepared. The present staff consists of Agnes von Kurowsky, a graduate of Bellevue Hospital, New York City, Maria M. Berens from the Army School at Walter Reed Hospital, and Cora Brouillet from Providence Hospital, Holyoke, Mass. Mary F. Malloy, a graduate of the Boston City Hospital, has recently been appointed as a member of the faculty and will sail in September for this post.

The American Red Cross is conducting, under the auspices of the Manila Chapter, an extensive public health nursing and Home Hygiene Program in the Philippines. A staff of 50 Native nurses, some with special preparation in this country, under the direction of an American Red Cross nurse, compose the staff.

In the Virgin Islands, two American Red Cross nurses are connected with the Chapter at St. Thomas—one as General Field Representative, and the other as public health nurse in St. Croix. With these exceptions the relation of the American Red Cross to foreign nursing activities is practically restricted to those of an advisory character.

Enrollments Annulled

THE enrollment of the following American Red Cross nurses has been annulled, but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters, and their return is requested when enrollment is annulled: Mary Margaret Schultz; May Alice Schwartz; Honora C. Sheehan; Marie Sherman; Carrie Elizabeth Short; Mrs. H. L. Smith, née Anna C. Davis; Mrs. Eda Smith; Hannah Bigelow Smylie; Margaret S. Snodgrass; Lolita Myrtle Sparoline; Florence Estelle Sperry; Mrs. Marjorie Milleron Stanton; Mrs. Stella Stearman, née Yount; Emma Georgia Steffen; Mrs. R. Stephens, née Clara Gill; Mrs. Frank A. Stock, née Louise Clavier; Mrs. David Stoner, née Ethel F. Hambly; Mrs. Hilda Sutherland, née Engelhardt; Mrs. Thomas S. Taylor, née Flora May Kelly; Mrs. Marjorie Carol Thompson, née Cameron; Pearl Rose Walker; Berthe Marie Wallays; Mrs. Isabelle Stone Wellman; Mary Katherine White; Eleanor Kilani Wilcox; Sue Nadine Wilkins; Mrs. Ethel Charlotte Winters, née Bowles.

Too Late for Classification

State Meetings

Missouri: The Missouri State Nurses' Association will hold its annual meeting in Springfield, October 22-24, followed by an Institute, October 25-27.

Tennessee: The Tennessee State Nurses' Association will hold its annual meeting in Memphis, October 8 and 9. Peabody Hotel will be headquarters.

Examining Board

Arizona: The Arizona State Board of Nurse Examiners will hold an examination for registration of nurses in this state, in Phoenix, October 26 and 27. Catherine O. Beagin, Secretary, Clifton.

[redacted]

E. Alma Brown, *Publicity Chairman.*
Augusta, Ga.

Delightful Summer Courses

THE 1926 summer classes in nursing subjects at George Peabody College desire to express to Mary C. Wheeler and Abbie Roberts, teachers of these courses, their sincere appreciation for the help and inspiration received from them. Among the features of these courses were excursions to the Nashville General Hospital, built in 1890, to Vanderbilt University Hospital, built in 1923, to Elsley Manufacturing Co., where the classes were shown the clinical thermometer, Luer syringes, hypo. needles and spinal puncture needles in the processes of manufacture. A visit was made to the Central State Hospital for the Insane, where an interesting discussion on "Mental Hygiene" was given by Dr. Farmer, the Superintendent. Nashville has many places of interest. First among these is the Hermitage, the home of Andrew Jackson, a fine example of the home of Colonial days, as it is kept just as it was when occupied by the family. Among other interests are the Parthenon, located in Centennial Park, the State Capitol, standing on a hill overlooking the city, and various colleges and schools for both white and colored races. We feel, as we return to our various fields over the United States, and the Philippine Islands, that we will carry with us such inspiration and enthusiasm as will reflect to others the help and inspiration we have received here.

A Member of the Class.

[redacted]

Readers of the *Journal* will be glad to know that the Relief Fund nurses are, most of them, very well supplied with copies of the *Journal* because so many subscribers are generously subscribing for others or passing on their own copies.

Journals Needed

THE Lutheran Hospital, Moline, Ill., wishes to secure copies of the *Journal* for the first seven volumes, also Vol. VIII, July, August, September. Will pay 25 cents a magazine, if necessary, to secure them. Communicate with Miss E. Dahlgren, Superintendent.

The Duke Hospital Library, Duke University, Durham, N. C., will pay fifty cents each for the following numbers of the *Journal* needed to complete its file: 1903, January, October, November, December; 1905, January; 1907, February through November.

Journals on Hand

AGNES TUMALTY, Washington University Nurses' Home, 416 South Kingshighway, St. Louis, Mo., has a set of *Journals* from March, 1925, to the present time which she will give to anyone paying the cost of shipment. One number is missing, that for April, 1927.

The Value of Affiliation

I

By Marjorie Sherman

Knapp College of Nursing, Santa Barbara, California

AFFILIATION is nothing more than the exchanging of one's ideas for those of another. Civilization, as it stands today, was founded upon this principle. Affiliation affords an opportunity for the students of different schools, through contact with one another, to exchange ideas which may prove of great value to them later, as they progress in the nursing profession. The whole moral standard of the student is put to test, as she is left to her own resources where honesty and loyalty are most needed; that is, caring for little children whose confidence she has gained only by her own well-doing.

While affiliating with the Children's Hospital, each student is given the opportunity to go on two excursions. The excursion which I found to be most interesting was my visit to the Preventorium at Pasadena. It is situated upon a hill overlooking the city, the residence itself being quite spacious and well constructed. The Preventorium is a home for boys who have come from homes where there has been tuberculosis, although the boys themselves haven't the active form but are in need of physical development. The treatment consists of exposure to direct sunrays, along with plenty of rest and good nourishing food. Means of recreation, enjoyment, and education have not been neglected, as interested citizens and organizations have made these available.

Through the affiliation with the Children's Hospital the nurses of Southern California have an opportunity to broaden their knowledge by service to their fellow men. The greatest aid to this experience is obtained through the Out-patient Department. The nurse's most important duty while there is that of reëducation of the parents along the line of preventive disease and corrective surgery. This, with the actual experience, makes it possible for her to realize the value of work accomplished by the different branches of social service.

It is very interesting to judge progress by a comparison of different methods of treatment employed by the surgeons and doctors of the Children's Hospital with those of our own, with whom we are associated. In the Orthopedic Department, corrective surgery, with its improved methods of procedure, has done much toward making it possible for children with deformities to lead a much more normal and useful life than they would do otherwise. The nurse's greatest skill is demanded while she is on the medical ward, for her ability and initiative in treatment of the sick are most needed while caring for the little children whose lives are entrusted to her keeping. Along with the infants' ward, special attention is given to the preparation of formulae and diets for children ranging from

the age of a few weeks to twelve years.

One must not forget that this knowledge has been given to us only by the affiliation, mistakes and gradual progress of those who have gone before.

II

By Audrey Sauer

Riverside Community Hospital, Riverside, California

THE adoption of new ideas, new modes of procedure, with a consequent broadening of the student nurse's scientific and practical knowledge, is perhaps the most beneficial phase of an affiliation.

This is a progressive age, and medicine is a progressive science. Any mind should be receptive to new ideas, and affiliation for the student nurse places her in an entirely new environment, where she may observe and learn new methods.

Adjustment to a new environment is another aspect of affiliation. To live the most satisfactory and the most useful life, the individual must react favorably to his environment. Thus the one who is able to adjust himself most quickly and favorably to new situations and new environments will be the more useful individual. This is a reason, in my opinion, for affiliation in every student nurses' training school.

Affiliation at the Children's Hospital is worked out in a very excellent way. The student has a profitable course of theory and practice in infant and child welfare. The hospital is peculiarly fitted for such a course, in that it offers an unusual variety of cases. As a charity institution, it cares for many cases seldom seen in a private hospital. The student observes cases, the treatment ordered by competent medical men, and also has the actual care of the child.

The actual nursing care of infants and children is of much importance. Such nursing takes even more skill, patience and tact than adult work. The necessity for gentle care and deft handling is imperative in many cases. The small child's needs should be anticipated and every child requires competent and observant nursing.

The theory of the course includes several interesting and worth-while things. Case studies offer the student a chance to observe the environment of the child she is studying. This is always interesting, as the home environment is the most important factor in the mental and physical development of the child.

Work in the clinic at the hospital enables the student to observe many interesting cases of every type.

The doctor's lectures are interesting and instructive, and the required magazine reading is an excellent way to make the student keep up with a few events in modern medical science. The intelligent nurse cannot afford to be lax in regard to such reading and study.

The value of any affiliation is modified, however, by the attitude of the individual. The institution may have an excellent curriculum, but the individual gain is a personal matter. The attitude of the student should be one of coöperation, to gain the most from the course arranged for her benefit primarily.

NEWS

[Note.—News items should be typed, if possible, double space, or written plainly, especially proper names. All items should be sent before the 15th of the month preceding publication.]

The American Protestant Hospital Association, San Francisco, August 3–6

Following its custom, the American Protestant Hospital Association held its annual meeting—the eighth—in San Francisco on the three days preceding the opening of the American Hospital Association. The Association is in a state of healthy growth but the attendance was small, due presumably to the amount of travel entailed for many members. Rev. Herman L. Fritschel presided with his characteristically benevolent dignity and justice. The program was more largely interspersed than in times past with inspirational addresses but, as is customary when professional matters were under discussion, members of all shades of opinion joined in. These are the two elements which are highly prized by the members of the Association and the present members are pledged to increase the membership.

A topic carried over from last year, "What Hospitals Are Actually Doing Relative to Vacations, Sick Leaves, Discounts and Group Life Insurance," was discussed in some detail and no definite conclusions were reached. A. G. Hahn, of Evansville, Indiana, who presented last year's paper and Rev. N. E. Davis of the Methodist Homes and Hospitals, presented the results of a careful study. This, as any hospital worker would expect, indicated large amounts of free service given to salaried personnel. The real question was substantially this: In view of the fact that 25 per cent of the Protestant Hospitals are in actual financial distress, indeed in actual jeopardy, is the practice sound? The consensus of opinion seemed to be that too much consideration was given but at a later session it was brought out that all such matters as vacation, sick leave and free care should be made a definite part of the contract between employer (the hospital) and employee and, for the purpose of discussion, student nurses were in this class. Of 62 hospitals answering a questionnaire, 55 do not have group life insurance, 4 do have it, and 3 definitely believe that it should be secured. It was recommended that the study be continued.

From a nursing point of view, Dr. May Ayres Burgess' presentation of charts with discussion was the most important feature of the meetings. Presenting the Red Book—"Nurses, Patients and Pocketbooks"—she began by stating that it placed a new emphasis on old problems and reminded her audience that whereas the organization of a school of nursing was evidence of broad-mindedness fifty years ago, it is today an evidence of broad-mindedness to evaluate the economic facts of over-production of nurses before embarking on such a venture.

Dr. Burgess pointed out that nurses are themselves largely responsible for over-production of nurses because the superintendents of nurses have everywhere tended to automatically increase their schools when their hospitals have expanded without thought of what the increase might mean to the profession as a whole. The general belief that student service is easier to administer than graduate service has contributed materially to this over-production.

There has been growing criticism of the product of the schools and these Dr. Burgess grouped under four headings as follows:

1. Nurses do not want to do bedside nursing.
2. Nurses are not as intelligent as they were thirty years ago.
3. Nurses are too independent.
4. Nurses charge too much.

To the first of these criticisms, Dr. Burgess replies, "But the nurses *do* want to nurse sick people" but—most of the care in hospitals is given by student nurses since three-fifths of all hospital beds are in hospitals having schools for nurses. Even when graduate nurses are offered this kind of service they decline because graduate floor duty is considered *infra dig*. Here, obviously, is a task for the nursing profession itself. It must see to it that good nursing whether on floor duty or otherwhere, is granted prestige and dignity and hospital administrators must see to it that conditions are such that graduates can do good work.

To the charge that nurses are not as intelligent as they were thirty years ago, Dr. Burgess answers, "No, probably they are not." She showed a chart, the implications of which should startle every nurse administrator. This chart (see page 910) shows that although schools of nursing have been raising their educational requirements they have not raised them nearly as rapidly as the eighteen-year-old young women of the general

population have seized the opportunity to graduate from high school.

Dr. Burgess reminded her audience that the advice to young graduates, "Go into private duty for a while," had created the situation which makes it possible for observers to say that "nurses are too independent" for at their most formative professional period they have been told to enter the one field which is without standards or supervision.

On the question of the private duty nurses' seemingly high charges, Dr. Burgess drew an analogy from industry which, in similar situations, retains the relatively high salaries but endeavors to lower costs by better distribution. It is a lesson which the nursing profession is learning but slowly.

Whether the profession wills it or not, Dr. Burgess believes the radical reorganization of our present method of distributing nurses is inevitable. She suggests that concerted emphasis on the importance of bedside nursing with the employment of many graduate nurses for floor duty would, at one and the same time, provide employment for some of the oversupply of nurses, give the patients in hospitals better nursing care, and reduce the number of students admitted to the schools. The discussion was closed with the statement that immediate reforms could not be brought about, but that for the next few years the facts to be found in the report of the Grading Committee should be the basis of study, argument and experiment.

Association Supports Grading Program

At a subsequent session, Mary M. Roberts discussed Dr. Burgess' report under the caption, "Unwanted Nurses," bringing out the point that the methods of business must be applied to the problem of over-production and that new hospitals might logically be expected to make a careful analysis of their facilities for teaching nurses and a comparative study of costs of student *vs.* graduate nurse service before embarking on the adventure of establishing a school. Both Dr. Burgess' presentation and Miss Roberts' discussion brought out animated and fruitful discussion, indicating a very thoughtful and open-minded attitude on the part of the audiences.

In this connection it is of the utmost significance that when the Committee on Nursing of the Association brought in a resolution endorsing the work of the Grading Committee and offering its coöperation, it was unanimously accepted by the Association with the understanding that the Association stands committed to support the program of the Grading Committee.

Among the outstanding spiritual addresses were "Healing Humanity's Hurt," by Dr. Louis J. Bristow of New Orleans; "The Other Man's Load," by Rev. G. F. Gulickson, D.D., Minot, N. D.; "The Humanity of the Nursing Profession," by I. Craig Anderson, Davenport, Iowa; and the sermon by Bishop Charles W. Burns, LL.D., of Los Angeles, given on Sunday night.

Following the custom of having one historical paper at each session, Bishop Sprenq of Chicago presented a thoughtful study of the "Rise and Development of the Hospitals of the Evangelical Church in America." This church has eleven hospitals in the United States, most of them in the Middle West. At the close of the meeting Rev. J. H. Bauersfiend of the Evangelical Deaconess Hospital in Chicago, elected President a year ago, took the chair. Rev. Frank C. English remains Executive Secretary of the Association. It should be noted that, as always, Robert Jolly was "the life of the party" and this was particularly true of his leadership at the annual banquet at which in addition to Dr. Gulickson, Dr. Doane of the American Hospital Association and Dr. MacEachern of the American College of Surgeons were speakers.

The American Hospital Association, San Francisco, August 6–10

In a brilliant and inspirational "Hail and Farewell" written as a foreword to the program of the American Hospital Association, Dr. Joseph C. Doane, its President, suggested subtly but yet definitely some goals for the organization. Said he: "A new profession is being born—the calling of Administrator in the House of Healing," and then went on to emphasize the importance of something more than a formal training, important though that is, for so high a calling. In this *Ave et Vale* he sounded also the trumpet call of preventive medicine with: "When will 'the Department for the Prevention of Disease' become a commonplace in the organization of our hospitals? Why should not more sub-stations throughout the rural communities be organized, in which curative and preventive medical principles are taught, and which are encouraged, or even fully supported, by the near-by urban hospital?"

Just how far these laudable ends were served by the discussions of the week it would be difficult to say. The subject of the preparation of hospital administrators was apparently

in abeyance but thoughtful people would agree, it may be assumed, that the mere possession of an M.D., Ph.D., R.N., or other symbol of professional education is not enough.

The newer emphasis on health in hospitals was best brought out by the report of the Committee on Public Health Relations, presented by Dr. W. C. Rucker of the U. S. Public Health Service. In that report it was stated: "It was really astonishing to your committee to find that there was such widespread coöperation between hospitals and health departments, such as was revealed by the tabulated results of questionnaires." This was summarized under the four headings: (a) Pertaining to the Treatment of Contagious Diseases; (b) In the Matter of Laboratory Service; (c) As to Public Health Clinics; (d) Miscellaneous.

In his scholarly and inspiring presidential address, Dr. Doane sounded the notes of integrity of purpose and of coöperation. In speaking of the various organizations concerned with the health of the populace he said: "We are all of one body—the associations which labor in the interests of humanity. We must not assume the tactics of the Australian bulldog ant, the extremities of whose body, when cut in two, ferociously attack each other with sting and teeth until one succumbs." One of the most important matters before the new Board of Trustees is that of securing an able field secretary, one qualified to aid the workers in all parts of the hospital field.

On the subject of "Nursing" the President had this to say: "There are few activities which more vitally concern the conduct of our hospitals than those which affect our schools of nursing. I very much regret that personalities have from time to time crept into this matter. The American Hospital Association should, with vigor and fearlessness, align itself with any effort which its Board of Trustees has deemed favorable to the solution of the nursing problem. Let us withhold judgment. Let us give voice to none but constructive criticism, and await with confidence the recommendation of those who are giving serious thought to this problem."

Nursing—a Topic Interspersed throughout the Program

It was inevitable that nursing, sometimes in general, sometimes in particular, should appear on some of the programs and recur very frequently in conversation, since hospitals could not exist without nursing service. The program of the Nursing Section will be discussed separately, as will the Round Table on Nursing. The subject appeared on the agenda of a number of general round tables and gave rise to much "corridor discussion." Time was when nurses writhed under the lash of acrimonious criticism at the meetings of this Association. That day has apparently gone by. Discussion there was, animated, some of it illuminating, all of it with helpful intent, and that is as it should be. Nursing is a dynamic subject requiring for the solution of the profession's problems a real comprehension of all possible points of view.

The cost of nursing education came up for brief discussion at one round table and the question was asked: "In a school of nursing where the cost per student exceeds, by $250 per year, the value of the service rendered by her to the hospital and credited to the school, shall the cost be charged to the care of patients?" Which raised the question: "How can the value to the hospital of the student be estimated?" The resulting discussion led finally to the point: "If students are worth more to the hospital than graduates, why do we graduate nurses?" The only conclusion reached was to the effect that a uniform system of working out the costs of nursing education should be established.

At another round table the question was asked: "Are we over-educating the nurse at the expense of the personal care of the patient?" One speaker answered it by stating that no nurse was over-educated, but that many were badly educated, especially in schools which attempt to use the Standard Curriculum in teaching students who have had less than four years of high school work. It was further stated by the speaker that any hospital which attempts to do all of its nursing with student nurses runs the risk of sometimes leaving patients short of nursing care but that even this was justifiable if the general standard of care in the hospital tended to improve and the quality of the service of the graduates of the school tended to improve year by year. The speaker strongly advocated the use of graduate nurses to provide continuity of service, supplementing this service with the service of students, and deplored the tendency to rely wholly on student service. A similar question at a different round table was answered by a medical superintendent to the effect that nurses are being over-educated and that a two-year course should be established for the "basic" training. In discussion, a state hospital administrator urged, with justice, that just as state hospital nurses are asked to secure general training, so should the product of the general hospital school be urged to secure special experience in psychiatry.

Ruth Swallstem of the California Lutheran

Hospital very ably answered the question, "What are the best methods of promoting good morale and scholarship in a school of nursing?" She summarized her vivid and convincing discussion as follows: First, selection of faculty, being sure one secures individuals of good preparation and strong personality with the qualities of leadership and sympathy; second, early elimination of the undesirable student; and third, extra-curricular activities which teach practical citizenship and provide a proper and wholesome outlet for the student's superfluous energies and her keener esthetic sense."

An Interesting Round Table

The round table on "The Nurse—Her Problems, Province and Prerogatives" was conducted by Carolyn Davis of Everett, Washington, and attracted a large audience. The three divisions of the topic were discussed by Muriel Anscomb of the Jewish Hospital, St. Louis, Anna C. Jammé, Secretary at Headquarters of the California State Association, and Elizabeth A. Greener of Mt. Sinai, New York.

Miss Anscomb began by stating that "personal experience with more than one nurse" is necessary for understanding and that it is easy to mistake hills for mountains in personality, as well as in geography, until a view is had of real mountains. After drawing a vivid picture of the ideal nurse, the speaker quoted Dr. Cabot as one who had stated her views when he said "The education of the nurse is the responsibility of the community." Miss Anscomb advocates a system of nurse training by means of which the theory of nursing may be taught in the state schools while the cooperating hospitals receive specified hours of practice. When that day comes, hospitals will not be accused of exploitation, says Miss Anscomb.

Miss Jammé, in discussing "The Nurse and Her Problems," stated that they cannot be separated from the nursing service of the hospital because "the nurse is the soul of the hospital." She discussed the problem along economic lines, urging that hospitals provide a sufficient amount of nursing service so that patients would only rarely be obliged to supplement the regular service with special duty service. She urged that hospitals install cost accounting systems and separate budgets for nursing service, and closed by indicating that when economic problems within the hospital are analyzed and understood there will be less cause for misunderstanding without.

Miss Greener announced an often overlooked fact when she remarked that the preparation for nursing should begin eighteen or twenty years before entrance; in other words, that only young women of good home training should be admitted for training. Quoting Dr. Vincent of the Rockefeller Foundation, she said: "The fanatic zeal for better education is based on knowledge of inadequacies." Like Miss Jammé, she believes that patients have been ruthlessly exploited. Floor service has been inadequate and patients have been forced to pay for specials. She summed up the prerogatives of nurses under five headings: (1) To give good service; (2) to teach; (3) to keep the profession one of honor; (4) to respect and uphold professional organizations; (5) to be a good citizen and to back health legislation.

In summing up the discussion the chairman quoted: "Thinking means development and development means change" and pointed out that there was therefore hope to be found in this much-discussed situation.

Mr. E. S. Gilmore of Wesley Hospital, Chicago, paid a most gracious tribute to nurses and nursing when he stated that if nursing is going right, two-thirds of the hospital is going right. Recalling the short and productive history of modern nursing, and remarking that no other education so richly develops personality, Mr. Gilmore closed with: "Your achievements have been so great, I walk softly in your presence." Mary May Pickering of the University of California acknowledged that we do not yet know the proper course for the education of nurses but advocated the inclusion of the sciences, psychology normal and abnormal, and of teaching methods, in order that nurses may teach patients.

Miss Goodrich made a vivid contribution to the discussion by saying "Not like floor duty! What an indictment!" She spoke on what is a good teaching field and strongly advocated a graduate head nurse and assistant head nurse on every ward with one or more floor duty nurses, as needed. She would like to see nurses become college graduates because of their need of the sciences.

"How shall we keep from teaching one technic and practising another?" was answered by Daisy D. Ursh of California, who said that there is, in our teaching, too much emphasis on detail and not enough on the basic principles of procedure and further that the challenge of never having enough nurses in hospitals should create stimuli and encourage new methods.

Irene English of the Kahler School answered a question on "How to keep supervisors up to date," by saying that their pride

in having their nurses do good work should be stimulated. She suggested having them take turns in attending the classes in procedure in order to observe and also to outline the new methods desired by doctors. Miss Goodrich also spoke on this question and advocated the somewhat slow but sound method of appointing faculty committees on the various subjects important to the school such as Surgery, Pediatrics, or Records. These committees should be carefully chosen and charged with a very real responsibility for doing constructive work.

Nursing on the Administration Program

At the Administration Section, presided over by Frank E. Chapman of Mt. Sinai Hospital, Cleveland, major problems of the hospital were presented from the point of view of various department personnels. Mary E. Yager, Director of the Women's and Children's Hospital, Toledo, in "Coördination of Nursing, Education and Administration," restated the familiar problems in succinct fashion. The speaker went on to remind her hearers that "the ratio of the number of patients to be assigned to a nurse should be governed by the physical construction of the unit, the degree of illness of the patient, and whether the nurses are graduates, students or a combination of both." Emphasis was placed on the necessity for a better correlation of theory and practice than is now general and Miss Yager closed with: "Improve the supervision of the various nursing units and also arrange a plan to teach young women with promising qualifications how to efficiently supervise, that they may at least be better informed of the relation of the various divisions of the administration, thus eliminating many of the trying annoyances which occur. If there were a more thorough understanding of nursing, the trend of nursing education and their many problems as they exist today, there would undoubtedly be less interference from the Administration and the numerous committees of the Medical Staff and Board of Trustees. If the Principal of the School has any judgment, permit her to use it."

The Nursing Section

Nurses who are invited to present a program at the American Hospital Association conventions are sensible of the honor thus conferred and diligently endeavor to present interesting and forward-looking material. This year the secretary and the chairman, Elizabeth A. Greener of Mt. Sinai Hospital, New York, secured the approval of the executives of the Association for the subject "Does the School of Nursing Need Freedom from Hospital Control in the Interest of Nursing Education? How Would the Hospital Be Affected by Nursing School Autonomy?" In opening the subject for discussion Miss Greener stated that it was a matter of courtesy and justice to discuss this question with the American Hospital Association since it is one of vital importance to the hospitals as well as to the schools of nursing. She raised a number of searching questions, saying: "It is apparent to those who have given considerable time and thought to this subject that no radical change can be successfully made until hospitals are in a position to answer certain vital questions. (1) Is nursing with a student-nurse body the best possible way to care for the nursing needs of the hospital or could we possibly develop a better type of service if we were all determined to do so? (2) What does the present system of nursing with the student-nurse group actually cost each hospital? (3) What would each hospital have to pay for an equal amount of nursing service furnished by graduates or others? (4) How can any hospital possibly supply such information accurately unless its school is on a separate budgetary basis?"

Miss Greener quoted the two principles which the Committee on Grading Nursing Schools unanimously endorsed, namely: (1) No hospital should be expected to bear the cost of nursing education out of the funds collected for the care of the sick. The education of the nurse is public responsibility. (2) The fact that the hospital is faced with serious financial difficulty should have no bearing upon whether or not it should be connected with a school of nursing. The decision should be made upon the kinds and amounts of educational experience which the hospital is prepared to offer.

Placing the matter before the meeting, she quoted James Harvey Robinson on the subject of thinking and urged that those who are unwilling to do real thinking at least rearrange their prejudices. She then introduced Dean Annie W. Goodrich, of the Yale School of Nursing, who spoke on "The Separate School of Nursing, Its Budget." This paper will appear in a later issue of the *Journal*. In summarizing her paper, in which she had quoted freely from the Proceedings of the Conference of Directors of Schools of Nursing Connected with Schools and Colleges, Miss Goodrich said: "The required content for nursing today can rarely if ever be found in one institution. It demands a foundation in the sciences which can be obtained at the least expense with the most satisfactory return through some college or university. The

clinical experience, if it is to meet the needs of the community, must include prevalent types of disease and a large content of instruction in their prevention."

She went on to say that "there are two types of schools through which the required content can be obtained: the university school of nursing and the so-called central school of nursing. Through either one the small hospitals desiring a student body can be effectively served. Such institutions can either make the preliminary or pre-clinic term a prerequisite for enrollment, or can enroll their students and then, through scholarships or other means, provide for the preliminary course. The outstanding essentials in this evolution of schools of nursing, for such it undoubtedly is, are: (1) That every hospital should budget for its nursing service on the basis of a paid graduate staff. (2) That students, whatever the *quid pro quo* of the arrangement, should be paid for service rendered and should pay for the educational content, as such. There need not necessarily be an exchange of money, but there should be an analysis of costs in dollars and cents. This does not preclude endowments for the nursing care of patients or for the costly educational content required for the effective care of the sick today. On the contrary it calls loudly for them, and large amounts are justified by the needs of society and the return that can be looked for from the qualified nurse."

The Chairman then called on Dr. Doane for a discussion of the major topic. Preceding his remarks by a full-throated statement of his friendship for nurses, Dr. Doane suggested that the time has not come for conclusions and that he has no fear of an over-production that will produce indigency among nurses. He discussed the point, not from the standpoint of the education of the nurse, but from that of the hospital administrator which is to him the larger view. Said he: "There is but one rule by which we hospital people can travel; there is but one direction in which we can set our compass, and that direction is whether or not any policy, any procedure, any departure from a policy is beneficial to the patient, to the composite patient, and therefore to the community health and to the world's health." Taking the traditional view of the school of nursing as an integral part of the hospital personnel, Dr. Doane clearly stated his conviction that there can be but one head and that the administrative head of the hospital. Frankly defending the hospital from the charge of exploitation, he stated that nursing like medical education must continue to be a by-product of hospitals unless nurses can be sent to hospitals for internships. He was equally frank in stating that "*if* it can be proven that autonomy of the training school is better for the treatment of past, present and future sick people, you will find no one in the hospital audience who will disagree."

Dr. Doane was followed by Dr. Joseph B. Howland of Peter Bent Brigham Hospital, Boston, who stated frankly that he had not yet reached a conclusion in his own thinking, but inasmuch as he has for some years approved a plan for a centralization of nursing education in Boston under the aegis of Simmons College, he made it obvious that, although he does not yet see the outcome clearly, he believes that the whole matter of the education of nurses is going through an evolutionary phase tending toward the centralization of the teaching of theory. One of his points in this argument for a higher level of education is that nursing so obviously needs more nurses who can teach.

G. W. Olson of the California Lutheran Hospital, Los Angeles, read a very thoughtful paper which will appear in our columns at a later date. In answer to the first half of the question, Mr. Olson said: "Personally I can no longer defend the individual hospital school as being the *best* that can be devised in the interest of nursing education." In answer to the second half of the question, Mr. Olson said: "It is assumed that the separation of the school from hospital control will be brought about through the earnest efforts and wholehearted coöperation of the hospital authorities with educational leaders in the community interested in nursing education. Their action will result in either the incorporation of the school with a separate board and an affiliation with the hospital of which it has been a part, or the incorporation of a local college of nursing with which two or more hospitals form affiliation. A provisional pattern for the latter type of institution we already have in the central schools of instruction now functioning in a score or more of cities. A recent example of the first-named type of separation of control is found in Santa Barbara, California, where the School of Nursing of the Santa Barbara Cottage Hospital recently was incorporated as the Knapp College of Nursing." Stating definitely his disbelief in the theory that a school of nursing is a financial asset to a hospital, Mr. Olson then discussed methods of financing a central school or college, of apportioning students and of arranging affiliations. He closed his illuminating discussion with a quotation from Isabel M. Stewart which ends: "In many other fields of work old ideas are being discarded and new

experiments are being tried. If we have faith in our work and in the world's need of it, we shall not fail."

Anna C. Jammé's paper, written from the standpoint of the State Board of Nurse Examiners, because of the lateness of the hour was read by title only. The discussion was summarized by the secretary of the Section who, believing that nursing is "the soul of the hospital," urged that the whole matter of the education of nurses be given further consideration along the lines of the discussion in order that schools of nursing, whether granted autonomy or not, may be given such form and individuality or "personality" that gifts and endowments may more readily be secured for so important a type of education. Unfortunately there was no time for an eagerly awaited discussion from the floor. It is significant and indicative of real progress that what would once have been a topic so controversial as to be inimical to harmony could have been presented and discussed with the greatest frankness without heat and with considerable light. The very generally expressed disappointment over the failure to allow sufficient time for general discussion is an index of the vitality of the subject. Dr. Burgess appeared, in advance of the general topic, and presented with brief and illuminating discussion, the series of charts which she had previously shown at the Protestant Hospital Association.

Another important subject presented was "The Social Service Content of Nursing Education" by Edith M. Baker, Director of St. Louis Hospital Social Service (paper to appear later). This speaker was secured through the cooperation of the American Association of Hospital Social Workers with the officers of the Nursing Section.

International Hospital Relations

The American Hospital Association, through its Committee on International Hospital Relations of which Dr. S. S. Goldwater is Chairman, has for some time been working toward the goal of an International Hospital Meeting. It is now arranged that such a meeting will be held in Atlantic City in cooperation with the American Hospital Association which is scheduled to meet in the new auditorium the week of June 17, 1929. The National League of Nursing Education at its annual meeting accepted an invitation to put on an educational exhibit and, as has already been announced, has decided to hold its annual meeting at the same time and place. Elsa Schmidt of New York is chairman of the Program Committee and Elizabeth A. Greener has been appointed chairman of the Committee on Arrangements. This will give a marvellous opportunity for participation in joint programs which should promote mutual understanding of some of the problems which are of great moment to the two groups. Careful plans are being made for the entertainment of the delegates from other countries, in order that they may have the opportunity, with a minimum of expense, of visiting some of our important hospital centers.

By Way of Diversion

The banquet, held at the Palace Hotel, was attended by some four hundred people. It was notable for the number of distinguished officials of other countries who graced the speakers' table. Among these were representatives of the Consulates of China, the Netherlands, Great Britain, Italy, the Argentine, Honduras, Peru and Uruguay. Chester Rowell, one of San Francisco's distinguished publicists, was the speaker of the evening.

Field Trips

Many opportunities were given for delegates to visit local hospitals and health centers. A day with the Children's Hospital Association, which is one of the many organizations meeting annually with the American Hospital Association, proved more than ordinarily rewarding. The visitors were taken to the Shriners' Hospital for Crippled Children which, through love of children, has combined science and beauty in an extraordinary fashion, and to the Children's Hospital, home of the oldest school of nursing on the Pacific Coast.

The Election

For President-elect, Frank Chapman of Cleveland was defeated by Dr. Christopher G. Parnall of Rochester, N. Y., who was nominated from the floor. Dr. Lewis A. Sexton, of Hartford, Conn., was elected First Vice President; Ada Belle McCleery, of Evanston, Second Vice President; and G. W. Curtis, of Santa Barbara, Third Vice President.

The American Journal of Nursing

On August 27 the business offices of the *Journal* were moved to New York to be combined with the editorial office. The one address for the *Journal* is now 370 Seventh Ave., New York.

From the Nurses' Committee for Financing the Grading Plan

ON September 1, 1927, the Nurses' Committee for Financing the Grading Plan launched the first step in its campaign to raise $100,000 toward the work of the Grading Program. That first step met with remarkable success. The Committee believes the time has now arrived to take the next step.

Following is a brief review of the campaign to date:

Last September the Co
letter)

(1) Every one of
the 49 State
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of Columbia A
the 284 District
the 1,200 (appr
Associations,
the 27 State
Education,
the 18 Local
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the 17 State Pu
Organizations
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to date.)

(2) Every member of t
Association, appo
number, for an
tion of $1.00.

The Table following
the campaign to

Summarizing this table
Organization Contribution
sociations, out of 1,5
as here listed.

(1) 32 of the 49 State
have sent contr
32, 19 contribut
year; 13 contributed for the
year and pledged further subscriptions for each of the four succeeding years.

(2) 142 of the 284 District Associations have sent contributions. Of these 142, 71 contributed for the current year; 71 contributed for the current year and pledged further subscriptions for each of the four succeeding years.

(3) 326 of the approximate 1,200 Alumnae Associations have sent contributions. Of these 326, 155 contributed for the current year; 171 contributed for the current year and pledged further subscriptions for each of the four succeeding years.

(4) 20 of the 27 State Leagues of Nursing Education have sent contributions. Of these 20, 9 contributed for the current year, 11 contributed for the
[illegible] and pledged further sub-

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4 years, or if this is not possible

(b) To consider contributions for the coming year only and reconsider the matter in each of the three succeeding years.

(3) To solicit the assistance of the State Nurses' Associations and State Leagues of Nursing Education in urging contributions from their respective state units (District and Alumnae

States	Membership No.	Membership Amt.		No.	Amt.	No.	Amt.	No.	Amt.	No.	Amt.	No.	Amt.	Visiting Nurse Assns. No.	Con. & Pldg.	Student Gov. Assns. No.	Con. & Pldg.	Totals
																		$100.00
Ala.	[illegible]																	388.00
Ariz.	[illegible]																	13.00
Ark.	[illegible]												[illegible]					104.00
Cal.	[illegible]												[illegible]					1,050.00
Colo.	[illegible]																	517.10
Conn.	[illegible]															1	$5.00	626.00
Del.	[illegible]																	67.00
D. C.	[illegible]																	476.00
Fla.	[illegible]																	146.00
Ga.	[illegible]																	726.00
Idaho	[illegible]																	37.00
Ill.	[illegible]																	3,688.50
Ind.	[illegible]																	576.00
Iowa	[illegible]																	1,481.00
Kans.	[illegible]																	284.00
Ky.	[illegible]												[illegible]					161.00
La.	[illegible]																	928.00
Maine	[illegible]																	88.00
Md.	[illegible]																	769.50
Mass.	[illegible]																	3,475.00
Mich.	[illegible]																	1,266.50
Minn.	[illegible]												25.00					1,894.10
Miss.	[illegible]																	46.00
Mo.	[illegible]																	811.00
Mont.	[illegible]																	88.00
Nebr.	[illegible]																	835.10
Nev.	[illegible]																	3.00
N. H.	[illegible]																	275.00
N. J.	[illegible]																	1,560.00
N. Mex.	[illegible]																	26.00
N. Y.	[illegible]													1	10.00			13,030.00
N. C.	[illegible]																	728.00
N. Dak.	[illegible]																	73.00
Ohio	[illegible]													3	25.00			1,357.50
Okla.	[illegible]																	145.00
Ore.	[illegible]												25.00					346.20
Pa.	[illegible]																	4,070.10
R. I.	[illegible]												125.00					1,425.00
S. C.	[illegible]																	76.00
S. Dak.	[illegible]																	40.00
Tenn.	[illegible]																	572.00
Texas	[illegible]																	322.05
Utah	[illegible]																	288.10
Vt.	[illegible]																	26.00
Va.	710																	124.00
Wash.	1,138																	616.00
W. Va.	405	41.00																51.00
Wis.	1,166	104.00		11	915.00	13	897.00	1	35.00	1	145.00							2,156.00
Wyo.	42	12.00		1	25.00													37.00
Foreign		57.00																57.00
Grand Totals	60,958	$7,029.35	Mid-West Div. $100.00 32 State Assns. $9,400.50 $9,500.50	142	$11,221.80	336	$18,904.80	20	$2,117.50	7	$630.00	6	$200.00	4	$35.00	1	$5.00	*$49,733.35

*Total Cash receipts to August 10, 1928 .... $25,409.35
Outstanding in Pledges 24,324.00
$49,733.35

From the Nurses' Committee for Financing the Grading Plan

ON September 1, 1927, the Nurses' Committee for Financing the Grading Plan launched the first step in its campaign to raise $100,000 toward the work of the Grading Program. That first step met with remarkable success. The Committee believes the time has now arrived to take the next step.

Following is a brief review of the campaign to date:

Last September the Committee asked (by letter)

(1) Every one of
the 49 State Nurses' Associations (this number includes the District of Columbia Association),
the 284 District Nursing Associations,
the 1,200 (approximately) Alumnae Associations,
the 27 State Leagues of Nursing Education,
the 18 Local Leagues of Nursing Education,
the 17 State Public Health Nursing Organizations
for an immediate contribution, with a pledge for the four succeeding years.
(The American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing have contributed, together, $22,500 to date.)

(2) Every member of the American Nurses' Association, approximately 70,000 in number, for an immediate contribution of $1.00.

The Table following gives the results of the campaign to August 10.

Summarizing this table:

Organization Contributions—533 Nursing Associations, out of 1,595 have contributed as here listed.

(1) 32 of the 49 State Nurses' Associations have sent contributions. Of these 32, 19 contributed for the current year; 13 contributed for the current year and pledged further subscriptions for each of the four succeeding years.

(2) 142 of the 284 District Associations have sent contributions. Of these 142, 71 contributed for the current year; 71 contributed for the current year and pledged further subscriptions for each of the four succeeding years.

(3) 326 of the approximate 1,200 Alumnae Associations have sent contributions. Of these 326, 155 contributed for the current year; 171 contributed for the current year and pledged further subscriptions for each of the four succeeding years.

(4) 20 of the 27 State Leagues of Nursing Education have sent contributions. Of these 20, 9 contributed for the current year, 11 contributed for the current year and pledged further subscriptions for the four succeeding years.

(5) 7 of the 18 Local Leagues have sent contributions. Of these 7, 3 contributed for the current year; 4 contributed for the current year and pledged further subscriptions for each of the four succeeding years.

(6) 6 of the 17 State Public Health Nursing Organizations have sent contributions. Of these 6, 5 contributed for the current year, 1 contributed for the current year and pledged further subscriptions for each of the four succeeding years.

Individual Contributions

(7) Nurses, as individuals, have contributed $7,629.25. Two nurses contributed $100.00 each, another pledged $10.00 for five years and a relatively small number subscribed from $2.00 to $70.00 each. Approximately 63,000 nurses as individuals and members of the American Nurses' Association are yet to mail their contributions.

From the foregoing report it would appear that the next step in the campaign program is

(1) To urge the 1,062 associations which have not yet contributed to the Grading Plan to do so at the earliest possible moment, even though the contribution be a small one.

(2) To ask the associations which contributed in the fall of 1927 and the spring of 1928, for the current year only, either
(a) To consider pledges for the coming 4 years, or if this is not possible
(b) To consider contributions for the coming year only and reconsider the matter in each of the three succeeding years.

(3) To solicit the assistance of the State Nurses' Associations and State Leagues of Nursing Education in urging contributions from their respective state units (District and Alumnae

Cash Contributions and Pledges from Individual Nurses and Nursing Organizations by States to August 10, 1928

States	Membership State Nurses' Assns.	Individual Nurses	Divisions A. N. A. & State Nurses' Assns. No. Cont. & Pldg.		Dist. Assns. No. Con. & Pldg.		Alumnae Assns. No. Con. & Pldg.		State Leagues No. Con. & Pldg.		Local Leagues No. Con. Pldg.		State Public Health Nurses' Assns. No. Con. & Pldg.		Visiting Nurse Assns. No. Con. & Pldg.		Student Gov. Assns. No. Con. & Pldg.		Totals
			Mid-West Division																
			1	$100.00															$100.00
			State Nurses' Assns.																
Ala.	481	$35.00	1	$200.00	3	$40.00	3	$105.00											380.00
Ariz.	130	13.00																	13.00
Ark.	489	59.00	1	25.00	2	15.00							1	$5.00					104.00
Cal.	5,380	467.40	1	25.00	16	304.00	17	845.00	1	$125.00			1	10.00					1,776.40
Colo.	689	257.10	1	50.00			6	255.00	1	50.00	1	$5.00							617.10
Conn.	1,389	165.00	1	10.00			10	255.00									1	$5.00	435.00
Del.	160	17.00					1	50.00											67.00
D. C.	689	99.00	1	100.00			3	225.00	1	50.00									474.00
Fla.	628	70.00	1	10.00	2	75.00	1	10.00											165.00
Ga.	785	65.00	1	50.00	3	375.00	8	220.00	1	25.00									735.00
Idaho	96	12.00	1	25.00															37.00
Ill.	4,707	688.50			5	120.00	23	2,020.00	1	200.00									3,028.50
Ind.	1,225	89.00	1	100.00	2	225.00	4	60.00	1	100.00									574.00
Iowa	1,097	116.00	1	500.00	10	480.00	16	365.00	1	20.00									1,481.00
Kans.	745	40.00			4	250.00	2	35.00											325.00
Ky.	868	51.00					2	50.00	1	50.00			1	10.00					161.00
La.	1,013	81.10	1	500.00	3	200.00	3	135.00	1	12.50									928.60
Maine	482	63.00					2	35.00											98.00
Md.	1,575	134.00	1	210.50			4	425.00											769.50
Mass.	4,686	645.00	1	500.00	8	196.00	41	2,132.00											3,473.00
Mich.	2,686	215.50	1	100.00	7	495.00	7	350.00	1	125.00									1,285.50
Minn.	2,410	168.10	1	50.00	3	550.00	18	936.00	1	75.00			1	25.00					1,804.10
Miss.	226	21.00	1	25.00															46.00
Mo.	1,880	142.00	1	125.00	5	250.00	4	94.00	1	100.00	2	100.00							811.00
Mont.	171	33.00			3	50.00													83.00
Nebr.	780	105.10	1	375.00	2	325.00	2	20.00											825.10
Nev.	30	3.00																	3.00
N. H.	394	43.00	1	250.00			4	85.00											378.00
N. J.	2,885	180.00	1	500.00	4	400.00	11	460.00											1,540.00
N. Mex.	73	10.00	1	25.00															35.00
N. Y.	9,705	1,126.00	1	2,900.00	11	3,700.00	40	4,700.00	1	300.00	2	320.00			1	10.00			13,056.00
N. C.	776	83.00	1	250.00	5	260.00	3	135.00											728.00
N. Dak.	186	18.00	1	10.00					1	50.00									78.00
Ohio	4,271	336.00	1	100.00	5	228.50	16	668.00							3	25.00			1,357.50
Okla.	443	45.00			1	25.00			1	75.00									145.00
Ore.	680	44.20	1	125.00	3	60.00	2	42.00	1	50.00			1	25.00					346.20
Pa.	7,473	885.60	1	2,000.00	3	375.00	39	1,509.50	1	150.00	1	50.00							4,970.10
R. I.	688	75.00	1	500.00			6	475.00	1	250.00			1	125.00					1,425.00
S. C.	287	36.00			3	40.00													76.00
S. Dak.	143	19.00			1	25.00	1	5.00											49.00
Tenn.	888	37.00	1	100.00	3	310.00	2	125.00											572.00
Texas	1,947	122.05			6	130.00	2	45.00	1	25.00									322.05
Utah	199	23.10	1	125.00			2	55.00											203.10
Vt.	266	31.00					1	5.00											36.00
Va.	710	99.00					2	25.00											124.00
Wash.	1,128	97.00	1	125.00	9	319.00	2	75.00											616.00
W. Va.	486	41.00					1	10.00											51.00
Wisc.	1,166	164.00			11	915.00	13	897.00	1	35.00	1	145.00							2,156.00
Wyo.	42	12.00			1	25.00													37.00
Foreign		57.00																	57.00
Grand Totals	69,956	$7,029.35	Mid-West Div.	$100.00	142	$11,221.50	326	$18,904.50	20	$2,117.50	7	$630.00	6	$200.00	4	$35.00	1	$5.00	*$49,733.35
			32 State Assns.	$9,490.50															
				$9,590.50															

*Total Cash receipts to August 10, 1928	$25,409.35
Outstanding in Pledges	24,324.00
	$49,733.35

Associations and Local Leagues) which have not already subscribed.

(4) To solicit the assistance of all state organizations (State Nurses' Associations, State Leagues of Nursing Education, and State Public Health Nursing Organizations) in stimulating the nurses in their respective states to contribute $1.00 or as much more as they may feel able to give.

It will be evident that the success of the campaign this Fall is largely dependent upon the active coöperation of the state organizations. Our Committee is confident that with help from the states a long step will have been made by the end of 1929 toward the $100,000 goal and the year 1930 will see a grand total of even more than that amount. The work the Grading Committee is doing is vitally important to the future of nursing. It urges and compels our most earnest and vigorous efforts. If there are any doubters, let them read "Nurses, Patients, and Pocketbooks."

CARRIE M. HALL, *Chairman.*
BLANCHE PFEFFERKORN, *Secretary.*

American Nurses' Association

Nurses' Relief Fund

REPORT FOR JULY, 1928

Receipts

Interest on bank balances	$66.87
Interest on investments	101.25
	$168.12

Contributions

California: District 1, Alameda, $6; District 2, Fresno, $40; District 4, Kern County, $32; District 12, Santa Clara County, $34; District 16, Orange County, $30	142.00
Florida: District 2, $12; Riverside Hospital Alumnae Assn., $9	21.00
Kansas: Halstead Hospital Alumnae Assn.	10.00
Kentucky: State Association, 1929 pledge	100.00
Massachusetts: Boston City Hospital Alumnae Assn., $25; Malden Hospital Alumnae Assn., $7.50; Emerson Hospital Alumnae Assn., $10; State Nurses' Association, $75; Individual contribution, $10	127.50
Missouri: St. Joseph's Hospital Alumnae Assn., Kansas City, $1 per capita	89.00
New Hampshire: Notre Dame Alumnae Assn., Manchester	15.00
New Jersey: District 1, Homeopathic Hosp., $5; Muhlenberg Hospital, $2; Women's and Children's Hospital, $2; General Hospital, Elizabeth, $5; St. Mary's Hospital, Orange, $25; City Hospital, Newark, $5; Memorial Hospital, Newark, $11; St. Barnabas Hospital, $10; Memorial Hospital, Orange, $22; Individual members, $25; District 2, General Hosp., Paterson, $24; Englewood Hospital, $13; District 5, $100	340.00
New York: District 2, Student nurse, $5; District 13, Student nurse, New York Hosp. Sch. of Nursing, $25; District 14, Long Island College Hosp. Alumnae Assn., $25; Kings County Hosp. Alumnae Assn., $60	115.00
Rhode Island: Homeopathic Hosp. Alumnae Assn.	5.00
Tennessee: District 4, Chattanooga	110.00
Texas: District 13	1.00
Washington: District 6, Yakima	27.50
Wisconsin: District 3, Madison General Hosp. Alumnae Assn., $20; District 8, individual contributions, $2; District 11, St. Joseph's Alumnae Assn., $10	42.00
	$2,164.12

Disbursements

Paid to 203 applicants	$2,032.00
Salaries	227.53
Miscellaneous expense	3.12
Contributed check returned by bank	17.00
	$2,279.65
Excess of disbursements over receipts for month ending July 31, 1928	$115.53

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman. She, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York. If the address of the State Chairman is not known, then mail the checks direct to the Headquarters Office of the American Nurses' Association at the address given above. For application blanks for beneficiaries, apply to your own alumnae or district association, or to your state chairman. For leaflets and other information, address the state chairman, or the Director of the American Nurses' Association Headquarters.

The Isabel Hampton Robb Memorial Fund

A scholarship of $250, awarded in 1927 to a candidate unable to complete her course of study, has been returned, and has been awarded to the applicant for this year who stood highest on the list of alternates, Minnie E. Pohe, graduate of the Lankenau Hospital, Philadelphia.

REPORT TO AUGUST 13, 1928

Previously acknowledged	$33,336.07
Contributions	
Iowa: District 6	10.00
Massachusetts: State Association	75.00
Rhode Island: Providence graduates and students, Rhode Island Hospital Training School	15.00
Total	$33,436.07

MARY M. RIDDLE, *Treasurer.*

The McIsaac Loan Fund

REPORT TO AUGUST 13, 1928

Balance, July 11, 1928	$997.22
Contributions	
Iowa: District 6	5.00
Massachusetts: State Association	75.00
Balance, Aug. 13, 1928	$1,079.08

MARY M. RIDDLE, *Treasurer.*

Contributions to both funds are solicited from associations and from individuals. Checks should be made out separately and sent to Mary M. Riddle, Treasurer, care *American Journal of Nursing*, 370 Seventh Ave., New York.

International Catholic Guild of Nurses

At the very successful convention of the International Catholic Guild of Nurses, held recently in Cincinnati, a resolution was passed, providing for the award of an annual medal of honor, as follows:

"That the International Catholic Guild of Nurses confer one honorary membership a year, with a medal of honor, upon the person whom the Guild adjudges worthy of distinction, as having contributed most to the advancement of the ideals of the Guild during that year."

The first award of this medal of honor will be made at the next annual convention of the Guild, to be held in Montreal, July 6 and 7, 1929, two days immediately preceding the International Congress of Nurses which will take place July 8 to 13.

Army Nurse Corps

During the month of July, 1928, members of the Army Nurse Corps were transferred to the stations indicated: To William Beaumont General Hospital, El Paso, Texas, 2nd Lieuts. Clara W. Woodruff, Anna S. Holden; to Station Hospital, Fort Eustis, Va., 2nd Lieut. Marie E. Reiners; to Fitzsimons General Hospital, Denver, Colo., 1st Lieut. Elvira H. Helgren; to Letterman General Hospital, San Francisco, Calif., 2nd Lieuts. Annie L. MacDonnell, Margaret McCarthy, Madeline Holderer; to Station Hospital, Fort D. A. Russell, Wyoming, 2nd Lieut. Gertrude L. Field; to Station Hospital, Fort Sam Houston, Texas, 2nd Lieuts. Ruth J. Beckman, Minerva Musselman; to Station Hospital, Fort Sheridan, Ill., 2nd Lieut. Sara H. Hammond; to Walter Reed General Hospital, Wash., D. C., 2nd Lieuts. Evelyn S. Mericle, Pauline A. Furminger, Bernice W. Chambers; to Station Hospital, West Point, N. Y., 2nd Lieut. Dorothea Johnston; to Philippine Dept., 2nd Lieuts. Phoebe Nelson, Nola G. Forrest, Florence Robinson, Myrna M. Riggs, Theresa A. Wilson, Leigh Barrett, Jane M. Gallagher; to Station Hospital, Chinwangtao, China, 2nd Lieut. Ines H. Wiley.

Eighteen have been admitted to the Corps as 2nd Lieuts.

The following named, previously reported separated from the Corps, have been reassigned as 2nd Lieuts.: Esther C. Dennis, E. Geneva Cadle, Catharine R. Anderson.

It is with regret that the death of 2nd Lieut. Bessie McCann is reported. She died at Fitzsimons G. H., Denver, Colorado, August 4, 1928, of embolism cardiac following an operation for appendicitis.

The following named are under orders for separation from the Corps: Laura Stevenson, Laurel Drake, Ramona Banks, Christine Mills, Helen H. Patton, Mabel A. Pankow, Pearle Swanand, Florence M. Thomas, Clara L. Mueller, Georgia E. Ross, Bess T. Sydnor, Janet E. Anderson, Isabel F. Kellman, Grayce E. Riggs, Mildred M. Tunnicliffe, Mary Weitman, Anna C. McGeehan, Alta Williams, Belle Solts, Ruth O. Olson, Selina I. Everson, Maybelle M. Wells, Verna F. Wood, Nellie E. Davis, Georgia E. Johns.

SAYRES L. MILLIKEN,
Captain, Army Nurse Corps,
Acting Superintendent.

Navy Nurse Corps

REPORT FOR JULY

Assignments: Seven.

Transfers: To Annapolis, Md., Bertha I. Myers, Chief Nurse; to Boston, Mass., Margaret C. Donovan, Ada E. Welty; to Hospital Corps Training School, San Diego, Calif., Ida E. Brooks, Louise E. LeClair, Elizabeth A. Westmacott, Chief Nurse; to Newport, R. I., Maude A. Woolf; to New York, N. Y., Ruth M. Anderson, Chief Nurse, Sophia E. Deuteria; to Norfolk, Va., Irene Pfisterer; to Parris Island, S. C., Helen L. McKenzie, Chief Nurse; to Pensacola, Fla., Marian Simmons; to Pharmacist's Mates' School, Portsmouth, Va., Elizabeth S. Hopkins, Chief Nurse; to *U. S. S. Relief*, Florence Isabelle Meagher; to St. Thomas, V. I., Mary Magdalene M. Kenney.

Separated from the service: Helen C. Lauby, Edmonia T. Burch, Mary A. Snyder, Mary M. Everts, Joyce Purdum, Margaret Ditmars, Alice G. Boyd, Pearl Moll, Helen L. Martenis, Stephanie Zaraski, Jennie M. Leibenguth, Kathleen C. Fitzsimons, Emma L. Grier.

Sara M. Cox, Chief Nurse, has been transferred to the retired list.

J. BEATRICE BOWMAN,
Supt., Navy Nurse Corps.

U. S. Public Health Service

REPORT OF NURSING SERVICE FOR JULY

Transfers: To Norfolk, Va., Maggie Cooper; to Cleveland, O., Kate Dunnam; to Ellis Island, N. Y., Sara Connell, Alice McMullen, Ellen Morris; to Stapleton, N. Y., Laura L. Wurn, Asst. Chief Nurse, Marian Mayo; to Relief Station, Washington, Alcesta Owen.

Reinstatements: Veronica Casey, Margaret Burdette, Ruth Gessman, Martha Manson, Mary Andrews.

New Assignments: Ten.

LUCY MINNIGERODE,
Supt. of Nurses, U. S. P. H. S.

U. S. Veterans' Bureau

REPORT OF NURSING SERVICE FOR JULY

New assignments: Twenty-two.

Transfers: To Perry Point, Md., Margaret Barnes, Margaret Stone, Mabel Philson, Mary Dowling Wetherall; to Northport, N. Y., Anna Furgason, Charlotte Moore; to Sunmount, N. Y., Margaret Crockett; to Knoxville, Iowa, Edna Fryhe; to Outwood, Ky., Clare Brennan; to Sheridan, Wyo., Lucy McDaniel; to Legion, Texas, Anne R. McCulloch; to Bronx, N. Y., Margaret Halloran; to Ft. Snelling, Minn., Selma Gilbertson.

Reinstatements: Maude Yerbes, Martha M. Bryde, Irene Rebar, Mary A. Johnson, Vira Massey, Beulah M. Walker, Effie Ramsey, Charles Glascock, Caroline Driscoll, Adair Nibler Collins.

MARY A. HICKEY,
Supt. of Nurses, U. S. V. B.

The Indian Service

REPORT FOR JUNE AND JULY

New assignments: Nineteen.

Transfers: To Crow Agency, Mont., Mrs. Alice V. Pureau; to Cheyenne River Agency, S. D., Nina Meyers; to Ft. Apache, Ariz., Mrs. Mabel Parker; to Kiowa Agency, Lawton, Okla., Eula B. Mathews.

Separations: Clara Semers, Mildred E. Wright, Mrs. Jessie H. Klever.

ELINOR D. GARNER,
Supervisor of Nurses.

United States Civil Service Examination

The United States Civil Service Commission announces the following open competitive examination: Graduate nurse, graduate nurse (visiting duty), graduate nurse (junior grade).

Applications for graduate nurse must be on file with the Civil Service Commission at Washington, D. C., not later than December 20. Some will be employed for visiting duty. Applications will also be received for graduate nurse, junior grade. The examination is to fill vacancies in the Departmental Service, Washington, D. C., and in hospitals of the Veterans' Bureau, the Public Health Service, and the Indian Service throughout the country. Competitors will not be required to report for examination at any place, but will be rated on their education, training, and experience.

Full information may be obtained from the United States Civil Service Commission, Washington, D. C., or from the secretary of the United States Civil Service Board of Examiners at the post office or customhouse in any city.

Clinical Congress of Physical Therapy

The third Clinical Congress of Physical Therapy and the seventh annual meeting of the American College of Physical Therapy will be held together at the Hotel Stevens, Chicago, October 8–13.

Institutes and Special Courses

New York: New York.—A lecture course on "Principles and Problems of the Public Health Movement," at the Bellevue-Yorkville Health Center, from 4 to 5 p. m., every Tuesday and Thursday afternoon, beginning September 27. Registration may be made at Room 315, University Hall, 116th St. and Broadway, Columbia University.

Tennessee: Memphis.—Tennessee's first institute will be held October 10–13, with a program planned to be of interest to members of all branches of nursing.

Course of lectures on "Applied Hygiene," Dr. James F. Williams, Teachers College, Columbia University. Lectures on "Nurses' Contribution to the Adjustment of the Socially Inadequate," Harriet Townsend, Teachers College, Columbia University. Lectures on "Diet in Disease," Miss Proudfitt. Course in Psychology. Lectures by Abbie Roberts, Chair of Nursing, Peabody College for Teachers, Nashville, Tenn. Single lectures and round-table discussions, and demonstrations of general interest.

Wisconsin: Madison.—Over one hundred and fifty nurses have returned to their respective hospitals and institutions throughout Wisconsin after a most inspiring Institute on Supervision held at Madison, sponsored by the Educational Committee of the Wisconsin State League of Nursing Education in cooperation with the Bureau of Nursing Education, Adda Eldredge as Chairman. Primarily intended for head nurses and supervisors, there were, in addition, many instructors, some public health nurses, private duty nurses, superintendents of nurses, a few social workers and hospital superintendents, all eager for stimulation toward development of better nursing. The dominant note was supervision, not in a narrow sense but as a universal subject applied to nursing. The address of welcome was given July 16 by Stella Ashley, President of the State League. "Adult Education" and its present significance was interesting as developed by Professor M. V. O'Shea, Professor of Education, University of Wisconsin. Miss Eldredge then talked on the dual position of the hospital supervisor as an executive and a teacher and showed how head nurses and supervisors should share the responsibility of teaching the pupil nurses.

The afternoon session began with a series of lectures by Professor Curtis Merriman, Department of Education, University of Wisconsin, who discussed the physiological basis of learning, making frequent reference to Maud Muse's textbook for nurses in Psychology and stating that the nursing profession through Miss Muse has made a most valuable contribution to psychology. His second lecture was on "Habit Formation and Skills," how these may be fixed and learned. "General Laws of Learning and Study and Transfer of Training" was interesting and instructive. "Why There Is Need for Continued Training in Service" was the subject of the opening lecture by Mr. J. T. Giles, Supervisor of High Schools, Department of Public Instruction of Wisconsin. Because of his large experience in this work, Mr. Giles was well qualified to talk to supervisors who were easily able to carry over and apply his ideas to their field of education. Supervision and its direct application to nursing was most interestingly developed by Carol Martin, Assistant to the Director, Wisconsin Bureau of Nursing Education, in a series of dynamic and inspiring lectures. The great privilege and responsibility of the supervisor and head nurse to teach, correlate, and develop nursing theory with ward practice was constantly stressed. The use of the night report as a teaching medium was brought out in the form of a dramatized skit played by a group of student nurses who had been selected from several Madison hospitals. The bedside clinic was also demonstrated as a means by which the head nurse can do excellent teaching with her student nurses. The use of case study by the student, who may select her own, providing this is varied, was brought out. The importance of laboratory findings and how these may be tied up with Materia Medica, Chemistry, Anatomy, Dietetics, Bacteriology, etc., was discussed by Miss Martin. How faculty conferences function for better cooperation and standardization of nurse education was an added topic of interest. These must be democratic and create respect for personality to be worth while. Some suggested topics for these groups were: "Hospital Economics," "The *American Journal of Nursing*," "Thrift," "Postgraduate Study." The suggestion was made for each

head nurse to have two days a year in which to visit other institutions and bring back a report for discussion. Committees should be appointed to work on a ward manual with the responsibility resting on the head nurse to keep it up to date.

"The Relationship of the Dietitian to the Hospital Supervisor" was treated in a paper given by Ada B. Lothe, Departmental Supervisor at Milwaukee County Institutions, Wauwatosa. Still another point of view, "The Supervisor as a Hospital Executive," was discussed by L. C. Austin, Superintendent of Mt. Sinai Hospital, Milwaukee, who pointed out the qualities necessary for her to possess in order to become a true executive. His second lecture brought out by diagram the many opportunities open to an ambitious head nurse or supervisor. Mabel Binner, Director of Social Service and Dispensary at Children's Hospital, Chicago, discussed supervision from a public health angle and urged that more responsibility for the teaching of public health be assumed by the supervisor in the hospital and so save many deplorable situations after the patient leaves the institution. Supervision has been made too mysterious, full of cold dignity, rather than warm human understanding.

This intensive lecture and discussion program was relieved by visits to the hospitals of the city. For social relaxation and enjoyment, there were a boat ride and picnic supper at one of the parks, with the Third District League as hostess.

With the close of the Institute came many enthusiastic expressions of praise for the committee and petitions for more institutes in the future.

Commencements

Alabama: Gadsden.—The HOLY NAME OF JESUS HOSPITAL, a class of 5, on June 3.

Washington: Seattle.—The SEATTLE GENERAL HOSPITAL, a class of 14, on July 20, with an address by Annie W. Goodrich.

State Boards of Examiners

Colorado: State Board examinations will be held in Denver, September 11 and 12. Application blanks may be secured from the secretary, Louise Perrin, Capitol Building, Denver. It is illegal for graduate nurses to practice in Colorado without a permit or a license.

Iowa: At the annual meeting of the IOWA STATE BOARD OF NURSE EXAMINERS, July 28, the following officers were reflected: Frances Hutchinson, Council Bluffs, Chairman; Marianne Zichy, Marshalltown, Secretary. The next examination will be given October 25 and 26.

Louisiana: The next examination of the LOUISIANA NURSES' BOARD OF EXAMINERS will be held in New Orleans and in Shreveport, November 2 and 3. For further information, address Julia C. Tebo, Secretary, 1005 Pure Marquette Building, New Orleans.

Maryland: The MARYLAND STATE BOARD OF EXAMINERS OF NURSES will hold an examination for state registration, October 23-26. All applications must be filed not later than October 1 with the Secretary, Mary Cary Packard, 1211 Cathedral St., Baltimore.

Michigan: The MICHIGAN BOARD OF REGISTRATION OF NURSES AND TRAINED ATTENDANTS will hold an examination for graduate nurses and trained attendants, in Lansing, October 11 and 12. The Michigan Board of Registration of Nurses and Trained Attendants will hold an examination for graduate nurses and trained attendants, in Detroit, October 4 and 5.

Minnesota: The MINNESOTA STATE BOARD OF EXAMINERS OF NURSES will hold examinations on October 4 and 5, 1923, beginning at 9:00 a. m. in Saint Paul, at the new State Capitol; Duluth, at St. Mary's Hospital; Rochester, at St. Mary's Hospital; Crookston, at St. Vincent's Hospital. Nurses must have completed their course by October 4, 1923, in order to take the examination in October. Applications accompanied by the fee of $15 must be in the hands of the Secretary, Lulu Halverson, Old State Capitol, St. Paul, by the 17th of September, 1923.

Missouri: The MISSOURI STATE BOARD OF NURSE EXAMINERS will hold its next examination in St. Louis, and Kansas City, September 25 and 26. Jennett G. Finnegan, Secretary, 404 Capitol Building, Jefferson City.

New Jersey: The first meeting of the newly organized STATE BOARD OF EXAMINERS OF NURSES OF NEW JERSEY was held in Trenton, July 19. The following is the personnel: Jessie E. West, President, West Jersey Homeopathic Hospital, Camden; Mrs. Agnes Keane Freestone, Secretary-Treasurer, Maplewood; Minnie R. Ireland, Monmouth Memorial Hospital, Long Branch; Jessie E. Murdoch, Jersey City Hospital, Jersey City; Blanche E. Elden, Mercer Hospital, Trenton.

Oregon: The OREGON STATE BOARD FOR EXAMINATION AND REGISTRATION OF NURSES will conduct examinations for applicants for registration on October 25 and 26, at Cathedral Hall, Portland. For further information, write Grace L. Taylor, Secretary, 448 Center St., Salem.

Texas: The BOARD OF NURSE EXAMINERS FOR TEXAS has changes as follows: Mrs. Ekowean Blaney Meech is President, succeeding Ruby Buchan. Mrs. Grace Brown England is a new member of the Board, having taken the place of Sister Estelle, who has removed from Texas.

State Associations

Alabama: The ALABAMA STATE NURSES' ASSOCIATION will hold its annual meeting, October 4 and 5, at Eufaula. This meeting will be held in conjunction with that of the Alabama Hospital Association. The afternoon of the second day will be devoted to the business and program of the latter organization. All members of the Nurses' Association are urged to attend both sessions. The principal speakers will be Janet Geister of the American Nurses' Association, Anna Heisler of the American Child Health Association, and Jane Van De Vrede for the American Red Cross. There will be a round-table discussion of nursing problems. The topics to be considered at this round table are being sent in from the several districts of the state. Eufaula is on the Central of Georgia Railroad.

Arkansas: The STATE ASSOCIATION will hold its annual meeting in Hot Springs, October 29-30.

California: The twenty-fifth annual convention of the CALIFORNIA STATE NURSES' ASSOCIATION was held in Riverside, June 25 to 30, inclusive. Pleasant weather, the charm of the Mission Inn, centralization of the program and business, teas, visits, Rubidoux at sunset and a picnic on the last day at five thousand feet elevation, furnished an interlude for the serious business of the convention. The most important work accomplished was the appointment of Miss Jamme as Director of State Headquarters. Interesting reports of the Biennial and frequent reference to the "Red Book" of Dr. Burgess will be fruit for further study with all the districts. Student nurses held a morning closed session, listened in the afternoon to the League speakers, and enjoyed a dinner dance in the evening for which the local student group were hostesses. They were enthusiastic, attractive and well poised and should prove valuable future members for the senior group. The annual dinner in the patio of the Inn with moonlight, candlelight and the music of the fountain was thoroughly enjoyed. The evening closed with a delightful little playlet given by the Community Players in the cloister room.

State Headquarters is at Room 502, 609 Sutter St., San Francisco.

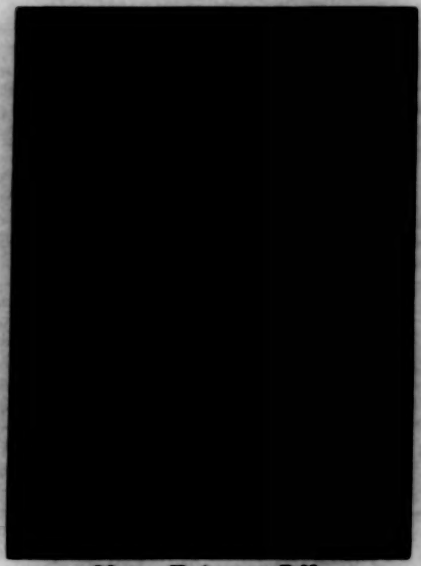
Connecticut: The next meeting of the GRADUATE NURSES' ASSOCIATION will be held in New London, Wednesday, October 10.

Georgia: The GEORGIA STATE NURSES' ASSOCIATION will hold its annual meeting in Columbus, November 8-10.

Illinois: The twenty-seventh annual convention of the ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES will be held in Joliet, October 18, 19 and 20, with headquarters at the Joliet Chamber of Commerce. The tentative program is as follows: October 17, 7 p. m., Directors' dinner and meeting.

October 18, 8:30-10 a. m., registration. 9:30-10:30, opening session, Assembly Room, Chamber of Commerce. Irene R. Stimson, R.N., President, presiding; invocation, Rev. William C. Godden; addresses of welcome, George Sehring, Mayor of Joliet, and Mabel M. Shields, President of Second District; response and President's address, Irene R. Stimson. 10:30-12, business meeting. Thursday afternoon, all meetings in charge of the Private Duty Nurses' Section; Blanche Hanson, Chairman, presiding. 12:30 p. m., luncheon, Chamber of Commerce. "Music as an Avocation," Margaret F. Fauk, Director of Music, East Aurora High School, Aurora. 2 p. m., open meeting, Assembly Room, Chamber of Commerce. Address: "Basal Metabolic Findings as an Aid in Diagnosis," Margaret Meta Kunde, M.D., Instructor in Medicine, University of Chicago; "An Experiment in Group Nursing," Etta Hall, West Suburban Hospital, Oak Park; "Planks for a Nursing Program—1928," Janet M. Geister, Director at Headquarters, American Nurses' Association. 5 p. m., bus ride through Pilcher Park, followed by supper served by Girl Scouts.

October 19, twenty-fifth anniversary of Illinois League of Nursing Education. 9-12 a. m., business meeting; Evelyn Wood, President, presiding. Address, "The Correlation of Theory and Practice in Pediatric Nursing," Gladys Sellew, Illinois Training School for Nurses; "The Out-Patient Department as a Teaching Field for Student Nurses," Gertrude



Minnie H. Ahrens, R.N.

On October 1, Miss Ahrens will assume the duties of a new position to which she has just been appointed—Assistant to the Warden of Cook County Hospital, Chicago, a position created for the purpose of coördinating, analyzing and reporting on the organization and service conditions in the hospital's medical, nursing and administrative services.

This means more pioneer work for Miss Ahrens. She was, we believe, the first Director of the Infant Welfare Society of Chicago, and she was the first Executive Secretary of District One of the Illinois State Association, a position from which she resigns in order to accept this wider work. The admirably constructive work which she has done in the past will undoubtedly mark her new field of service.

Miss Ahrens is a graduate of the Illinois Training School.

S. Benfield, University Clinics, University of Chicago. 12, Anniversary luncheon, speakers, M. Helena McMillan, Presbyterian Hospital, Chicago; Harriet Fulmer, Director Rural Nursing, Cook County, Illinois. Friday afternoon session to be held in Auditorium, Joliet High School. 2 p. m., "The Future of Nursing Schools in the Light of the Grading Committee Report," Adda Eldredge, Bureau of Nursing Education, State Board of Health, Wisconsin; "Faculty and Student Cooperation," Edith Foster Flint, University of Chicago. 7 p. m., Dinner, Irene B. Stimson, presiding, speaker, Rev. Charles W. Gilkey. The afternoon meeting is to be open to the Women's Clubs of Joliet and Will County.

October 20. All meetings in charge of Public Health Section, Mary MacKay, Chairman, presiding. Assembly Room, Chamber of Commerce. 9 a. m., business meeting. 9:30 a. m., "Prenatal Nursing," Hazel Corbin, Maternity Center Association, New York City; "The Need of Change," Margaret K. Slack, Executive Secretary, Graduate Nurses' Association of Connecticut. 11:30 a. m., Health Circus, members of the Grade Schools of Joliet. 12:30 p. m., luncheon, Mrs. J. T. Mason, presiding. Saturday afternoon, closing business meeting. 2:30 p. m., sight-seeing tour, including visits to State Prison.

Special round tables, conferences or announcements will be arranged for by applying to Anna D. Wolf, R. N., Chairman of Program Committee, University Clinics, University of Chicago.

Indiana: The annual meeting of the Indiana State Nurses' Association is scheduled for October 12 and 13. The annual meeting of the Indiana League of Nursing Education is to be held October 11. Headquarters for both meetings, Hotel Lincoln, Indianapolis.

Iowa: The Iowa State Association will hold its convention, October 17-19, at Council Bluffs. Iowa is proud of its representation at the national convention in Louisville—all but one of the ten districts were represented; the President, First Vice President, and Secretary of the State Association, and all members of the Examining Board were there.

Kansas: The Kansas State Nurses' Association will hold its annual meeting in Topeka, at the Hotel Jayhawk, October 10 and 11, followed by an Institute, October 12 and 13. The morning of the 10th will be filled with reports, business and the address of the President, Ethel Hastings. 2 p. m., Private Duty Section with addresses by Dr. C. B. Francisco and Silva Trent. At the evening session an address will be given by Dr. Richard Sutton.

October 11, 8 a. m., business sessions of the Private Duty Section and the Public Health Section. 10 a. m., Public Health Section, addresses by Phyllis M. Dancy and Linnie Rauschamp. At noon there will be Section luncheons. 2 p. m., General business session of the State Association.

The Institute to be held October 12 and 13

will be under the auspices of the League of Nursing Education, Cora Miller presiding. Speakers will be Dean Greenwald, Mrs. Mary K. Davis, Dr. Arthur Gray, Dr. Margaret S. Chaney, Prof. Rose Morgan, Anna M. White. It is hoped that Mary M. Roberts and June C. Allen of New York, and Shirley C. Titus of Ann Arbor may be present.

Louisiana: The annual meeting of the LOUISIANA STATE NURSES' ASSOCIATION will be held in New Orleans, October 23 and 24 in the Roosevelt Hotel. The meeting of the Advisory Council will be held in the same place, October 22, at 9 a. m. A meeting of the Board of Directors of the State Association will follow, at 11 a. m.

Massachusetts: The MASSACHUSETTS STATE NURSES' ASSOCIATION, which will celebrate its twenty-fifth anniversary this fall, and which is one of the oldest and most active State nursing organizations in the country, held its twenty-fifth annual meeting in Boston on June 16. The Private Duty Nurses' Section, the Public Health Nurses' Section, and the Massachusetts League of Nursing Education, each held its annual business meeting in a morning session, while the annual business meeting of the Association as a whole took place in the afternoon, at Huntington Hall, Rogers Building. Reports from officers and subdivisions showed that much useful work had been accomplished during the past year, and the many activities directly concerned with community health and welfare evidences of the socially-minded attitude of the organization.

The Association now has 4,058 paid-up members, a gain of 237 over last year. The detailed account of expenditures and receipts given in the treasurer's report, revealed a sound financial condition, with a yearly expenditure of over $15,000, and a balance on hand of a similar amount. A contribution of $500 was made to the Committee on the Grading of Nursing Schools and of $25 to the Massachusetts Child Labor Commission. Four relief funds for nurses were given a total of $1,020, while several hundred dollars were given directly for the benefit of sick members and for other friendly purposes. In addition, various alumnæ associations, county branches, and individual members have made independent gifts to these funds. The committee of the Massachusetts State Nurses' Fund and the American Nurses' Fund reported, however, that, generous as the contributions had been, a very considerable increase would be needed if the imperative demands of an increasing number of sick and indigent nurses were to be met. The Council has already voted to send annually to each member a request for a memorial gift, of the equivalent of one day's pay, to the Relief Fund on July 27, the birthday anniversary of Linda Richards.

The Red Cross State Committee told of the loyal work of nurses following the flood disaster in November. The Springfield district alone sent twenty-five nurses; a first aid room was maintained at Becket, where not only medical and nursing assistance but also food and clothing were given, and housing secured.

The Council, through a special committee appointed for the purpose, at the request of the National Association, prepared a leaflet on "Ethical Standards," a copy of which was sent to each member of the Massachusetts Association.

Under the auspices of the Massachusetts League of Nursing Education, a summer school for graduate nurses at Simmons College was instituted and maintained in 1927. The enterprise, which was successful beyond expectations, has been continued this summer. With the design of stimulating interest among young women in the profession of nursing as a vocation, the Speaker's Bureau has provided a large number of high schools with competent speakers, whenever opportunity was given; and has also prepared a pamphlet on "Nursing," copies of which have been sent to each high school in the state.

Three undesirable legislative bills affecting public health, one of which would have made radical changes in the present law regarding registration of nurses in Massachusetts, were met by the committee on legislation with a preparedness so thorough that no further action was necessary.

The Public Health Nurses' Section, through a committee appointed to "consider closer relationship between the Public Health Nurses' Section and the Massachusetts Association of Directors of Public Health Nursing Organizations," and another committee appointed to "consider closer relationship between the medical profession and the public health nurses," has inaugurated a very painstaking investigation of these subjects.

The immediate specific interest of the Private Duty Nurses' Section is in discovering a method whereby the cost of necessary nursing care for the individual may be brought within the reach of persons of moderate means, while the earnings of the private duty nurse, at present so inadequate, may be placed on a more equitable basis.

Dr. Clarence Sumner, from the Massachusetts Department of Public Health, spoke

on "How Does the State Department of Public Health Serve the Nurse as a Citizen?" Carrie M. Hall, who is chairman of the National committee to finance the work of the Grading Plan committee, gave a brief report of that undertaking. She urged the nurses to read the book, "Nurses, Patients, and Pocketbooks"—portions of which have already appeared in the *American Journal of Nursing* and in similar periodicals—in order that they might get a clear insight into the need of the work that has been undertaken.

An interesting method had been pursued by the nominating committee, of which Laura A. Wilson is chairman, in preparing the ballot for the election of officers: blanks had been sent to each member alumnae association, asking that it record its choice for officers; and from these returns the ballot submitted was prepared. Such a method would seem to insure that the officers elected would be in reality the choice of the majority, and not, as is often the case, the choice of the few already in office.

The feature which appeared to be of greatest interest to the members was the report on the subject of the employment of an executive secretary, a matter which has been under consideration for several years, and which, at the annual meeting of 1927, was referred to the Council. After careful investigation and consultation with the member alumnae associations as to their wishes, and as to the means of obtaining funds, by a committee appointed by the Council for that purpose, the Council advised that an executive secretary be employed for two years. This recommendation was enthusiastically adopted by a unanimous vote of the meeting, and the Council was instructed to employ an executive secretary for two years.

The officers elected to serve for the ensuing year were: President, Bertha W. Allen; vice presidents, Sally Johnson, Ellen C. Daly; recording secretary, Mary Alice McMahon; corresponding secretary, Elizabeth Ross; treasurer, Emma M. Nichols.

Messages of affectionate greeting were sent to Linda Richards and Lucy L. Drown. Appreciation was expressed for the services of Helen M. Blaisdell, Mary Alice McMahon and Jessie E. Catton.

Mississippi: The Mississippi State Nurses' Association will hold its annual meeting, October 25, 26, at the Hotel Edwards, Jackson. Syd Vaughan has been appointed Secretary to fill the unexpired term of Mary D. Osborne, who has resigned.

Montana: The Montana State Association of Registered Nurses held its annual meeting in Butte, June 12 and 13, with two hundred nurses registered. It was a most successful meeting with the following program: June 12, 9 a. m., prayer, Monsignor Wilging; address of welcome, Mayor Kerr Beadle; response, Sara Rollings; address of the President, Frances Vollmer; business, 1 p. m., addresses by Hazel D. Bennett, M.D., and S. X. Newman. In the evening a banquet was given by District 2.

June 13, 9 a. m., prayer, Alexander Muirden; "A Doctor's Viewpoint of Nurses' Duties," Caroline McGill, M.D.; "Prophylactic Dentistry," Dr. H. K. Von der Heydt; "Cooperation of the Nurse in Eye, Ear, Nose and Throat Diseases," A. W. Morse, M.D.; "Eczema," S. T. Lindsay, M.D. 1 p. m., "The Value of a Nurse to a Surgeon," T. C. Witherspoon, M.D.; "Child Welfare," Helen Curtis; "Private Duty," Sarah A. Sullivan; "Complications of Pregnancy," H. H. James, M.D. After the meeting the guests were taken to Galen and Warm Springs. Officers elected are: President, Winifred Kinney, Butte; vice presidents, Anna Iverson of Kalispell, Lydia Gudmundsen of Butte, and Birdie King of Missoula; secretary, Mrs. Lily Morris, Great Falls; treasurer, Florence Ullman, Great Falls; directors, Mrs. Margaret Sequin, Sister Corona, Mrs. Florentine Logue, Madge Webster, Grace Linfield.

Nebraska: The annual meeting of the State Association will be held October 16-18 in Omaha.

New York: October 22-25 have been chosen as the days for the annual convention of the New York State Nurses' Association, to be held this year in Brooklyn. At the opening session, Tuesday morning, October 23, the President's address will be given, following which the report of the Grading Committee will be presented. It is expected that on this program Dr. Burgess and Carrie M. Hall will be the speakers. The New York League of Nursing Education will hold its opening meeting Tuesday afternoon at 2 o'clock, with Miss Wood presiding. Methods of ward teaching and supervision will be the general topic and it is hoped that the speaker will be Blanche Edwards, Director of Supervision, Bellevue School of Nursing, with Nina D. Gage of Willard Parker Hospital as leader of the discussion. At 4 o'clock there will be a round table for principals of nursing schools, the subject being state board requirements. The program for the general session of Tuesday evening has not been arranged as yet and

the following day will be occupied largely with business sessions, that of the state organization in the morning and of the League in the afternoon. Two luncheons are scheduled for Wednesday, one for students and one for those interested in nursing publicity. Later that afternoon tea will be served, the hostesses being members of District 14, and at 7:30 there will be a general banquet for which some novel entertainment is being arranged. The joint session of Thursday morning will include in its program considerations of registries, of rural hospital work, and of industrial nursing. Following a lay people's luncheon, Agnes Marin will preside at a general session, the topics at which will include staff education for institutional workers and for public health nurses; and appraisal of nursing service.

North Carolina: The North Carolina State Nurses' Association will hold its annual meeting in Durham, October 23-25, preceded by an Advisory Council meeting on the 22d.

Oklahoma: The Oklahoma State Nurses' Association will hold its annual meeting in Clinton, October 24-26. It is hoped that Mary M. Roberts and Janet Geister will be present.

Pennsylvania: The Graduate Nurses' Association of the State of Pennsylvania will hold its twenty-sixth annual convention in joint session with the Pennsylvania League of Nursing Education and the Pennsylvania State Organization for Public Health Nursing at the Penn Alto Hotel, Altoona, October 23-27.

The business meeting will begin at 9 a. m. on Monday, October 22; the formal opening will be at 8 p. m., Helen F. Greaney presiding. Rev. J. M. Shillington will give the invocation. Addresses of welcome will be given by William McMurry, Mayor of Altoona, and by Augustus S. Koch, M.D., President of the Blair County Medical Association. Response and presidential address will be given by Helen F. Greaney, President of the State Association. There will also be addresses by Marie C. Eden, President of the Pennsylvania State League of Nursing Education, and Helen Mar Erskine, President of the Pennsylvania Organization for Public Health Nursing. Howard C. Fronts, M.D., of Huntingdon, Member of the Citizens' Committee for the Welfare Bond Issue, will give a short address on "Facts Concerning the Bond Issue." An address by David R. Forry, on "Citizenship" will close the evening program.

The first three days of the convention will be taken up by sessions of the Graduate Nurses' Association. On Tuesday, from 2 p. m. to 3 p. m. the State Committee of the American National Red Cross Nursing Service will conduct its session. Mrs. John E. Roth, State Chairman, presiding.

On Wednesday, from 10 a. m. to 12:30, the Private Duty Section will hold its business meeting, Edna Wagner presiding. Speakers for the afternoon session will be announced later. The evening meeting will be the banquet, starting at 7:30 p. m. Dr. W. G. Turnbull, M.D., Deputy Secretary of Health, will speak on "Tuberculosis among Nurses."

Thursday, October 25, the convention will be given over entirely to the Pennsylvania State League of Nursing Education.

Friday, the Pennsylvania Organization for Public Health Nursing will have its fifth annual meeting. The regular morning session will begin at 9 a. m. with Helen Mar Erskine presiding. From 10:15 a. m. to 12:30, the program will cover: "The Nurse and Communicable Disease," J. Moore Campbell, M.D. Mary E. Pillsbury, Supt. of Nurses, Jewish Hospital of Brooklyn, will give a Demonstration of Communicable Disease Nursing, assisted by Edith Brown, and Ival Wilkins, of the Public Health Nursing Association of Pittsburgh. This will be discussed by Mildred Martin, Ardmore; Leslie Wentzel, Scranton; Clara B. Mann, Pittsburgh, and Carolyn M. Hidden, Philadelphia.

There will be three luncheons between 12:30 and 2 p. m. The Lay Section Luncheon, with Mrs. E. M. Stackhouse, Johnstown, presiding, and Mrs. A. S. Koch, Altoona, acting as hostess. The speaker will be announced later. Second luncheon, closed luncheon for School Nurses, Lois Owne, Supervisor of School Nursing, presiding, with Anne Stanley, Supervisor of School Nurses, Providence, R. I., speaking on "School Nursing." Third luncheon, general luncheon, Helen M. Erskine, presiding. The subject for this luncheon will be reports from the Biennial Convention. The afternoon session will begin at 2:15, Mrs. Stackhouse of the Lay Section will preside. Demonstration of a health supervisory visit, Public Health Nursing Service, Cambria County Chapter American Red Cross. "Essentials of Health Supervision," Harriet Frost, Philadelphia. "Budget-making in Relation to Family Health," Clarence Pretzer, Scranton.

Nurses are requested to make their reservations early and directly with the Manager, Mark I. Jewett, of the Penn Alto Hotel.

Tennessee: Tennessee's first Institute will be held in Memphis, October 10-13. The

program will be found under the heading, "Institutes and Special Courses."

Utah: The quarterly meeting of the UTAH STATE NURSES' ASSOCIATION was held July 6, in Ogden, the members being the guests of the Thomas Dee Memorial Alumnae Association. Pearl Woodworth of the Dee Hospital, and Elizabeth Pritchard of the Holy Cross Hospital, Salt Lake City, gave interesting reports of the Louisville convention.

Vermont: The fourteenth annual meeting of the VERMONT STATE NURSES' ASSOCIATION was held in the City Hall, Burlington, June 14. The morning session was taken up by the business meeting and election of officers. The afternoon was filled with good things, food for thought, given by Nellie M. Jones, Supervisor Maternity and Hygiene, Vermont Department of Public Health, and "Vermont's Care of Tuberculosis Patients" by Helena H. Pembroke, also a most interesting address by Jane C. Allen, on "Recent Developments in Public Health Nursing." A splendid banquet was held in the dining-room of the Hall with Fred Kent, M.D., and Seth H. Martin, M.D., as dinner speakers. There was a good attendance and all felt that it was a most enjoyable, as well as, profitable meeting.

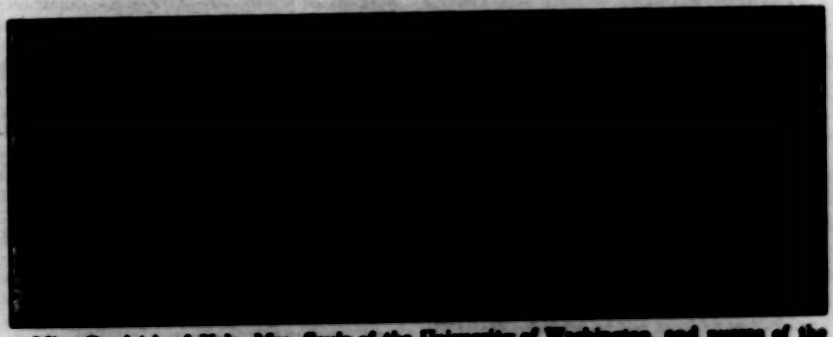
Wisconsin: The annual meeting of the WISCONSIN STATE NURSES' ASSOCIATION will be held, October 8–10, at Kenosha.

District and Alumnae News

California: Pasadena.—A fellowship for a year's study has been awarded to June Ramsey, director of the School of Nursing of Pasadena Hospital.

Connecticut: Torrington.—Frances West has been appointed Superintendent of the Charlotte Hungerford Hospital.

Georgia: Augusta.—The SECOND DISTRICT held a good meeting at the Woman's Club, July 12. Biennial delegates were given special place on the program and gave interesting reports on the various meetings and conferences attended. Mrs. Joseph Alterman, President of the District, gave a general report; Carrie O'Bannion contributed data on registries; Mrs. Olive Barbin, Director of the Public Health Nursing Association reported on public health work, also on the Georgia breakfast, held during the Biennial Convention; Margaret Dorn reported on the Private Duty Section; Alberta Reeves, a recent graduate, gave an excellent report of her impressions of the convention, her first, and E. Alma Brown on the League of Nursing Education and the new Southern Division.



Miss Goodrich of Yale, Miss. Soule of the University of Washington, and nurses of the Northwest in attendance at an Institute, July 26–27, University of Washington, Seattle.

West Virginia: The WEST VIRGINIA STATE NURSES' ASSOCIATION will hold its annual meeting in Martinsburg, September 27–29. A splendid program is being arranged and it is hoped to have as speakers, Mary M. Roberts of New York, Eugene T. Lies, of the Playground and Recreation Association of America, with others from the state. The complete program appears in the *Weather Vane*, the State bulletin.

Columbus.—On July 5, the FIFTH DISTRICT held its regular meeting in the Public Health Clinic Building. Mrs. J. Nunnally Johnson, a leader in educational work in the city, gave a helpful talk on "The Value of Organization." The official registry, organized May 1, is well

established and functioning splendidly. A cordial welcome to the District meetings is extended to all registered nurses.

Indiana: Fort Wayne.—The new wing of the Lutheran Hospital which will add 92 beds to the capacity of the hospital, was dedicated on July 29, thousands of people attending the exercises and viewing the hospital. On the evening of the 30th there was a reunion of all the graduates of the School of Nursing at a banquet.

Iowa: Carroll.—The Alumnae Association of St. Anthony Hospital held its seventh annual meeting at the Nurses' Home, May 11. The officers elected for the coming year are as follows: President, Sybilla Arens; vice president, Mrs. Ella LaLiberty Meyers; secretary, Martha Dobberstein; treasurer, Mrs. Eleanor Kellan Buchels. Sister M. Cecelia, formerly Superior of St. Anthony Hospital here, now of Sparta, Wisconsin, and Sister M. Beata, Superintendent of Nurses, St. Francis Hospital, La Crosse, Wisconsin, were honored guests. Edith S. Countryman of Des Moines, Director of Public Health Nursing for the State of Iowa, gave a very interesting address, on Public Health Nursing. **Marshalltown.**—District Four held its regular July meeting on the 19th at the Deaconess Hospital, with forty nurses present. Winifred Boston, state president, gave a review of the advisory council meetings held at the Biennial in Louisville. Marianne Bixby, delegate to the Biennial from Fourth District gave a report of the convention and Maude E. Sutton, State Director of Nursing Education, gave a report of the findings of the Grading Plan Committee. Eight new members were admitted.

Kentucky: Louisville.—The following officers have been elected by the Western District: President, Anna L. Finney; vice president, Edna Rhinestedler; secretary, Agnes O'Riche; treasurer, Mamie Gisler; directors, Emma L. Conway and Elsie Pearson. Chairmen of Committees are: Credential, Mrs. Florence McClelland; Ways and Means, Flora Korn; Nominating, Ruth Merrifield; Program, Marjorie Cammeron; Press and Publication, Edith Bush.

Louisiana: New Orleans.—The regular quarterly meeting of the New Orleans District was held at the Club House, on July 26. The most important business consisted of a revision of the rules governing the Central Directory for nurses. Plans were discussed relative to the entertainment of the visiting nurses during the state meeting which meets in New Orleans October 22-24. The meetings will be held in the Roosevelt Hotel, as the reception rooms in the Club House are not large enough to take care of the crowd. Miss Frank read a very interesting report of the Louisville meeting, which was enthusiastically received.

Rhode Island: Providence.—Millie E. Weir, class of 1918, has returned from China where she has spent some years as a missionary nurse. Her address for the present is West Kingston.

Wisconsin: Milwaukee.—Fourth and Fifth Districts, Jeanette M. Hays has been appointed Director of District Headquarters, Jane Merrill Ray Memorial Building, 88 Prospect Avenue.

Deaths

Mrs. William Ernst (Catharine Creswell, class of 1924, Reading Hospital, Reading, Pa.) in Washington, D. C., July 3.

Mrs. Charles E. Boylan (Anna Crenauer, class of 1899, Reading Hospital, Reading, Pa.) at her home, in July, after a long illness.

Leona Gustafson (class of 1925, Piedmont Training School, Atlanta, Ga.) in the line of duty, at Piedmont Hospital, June 21. Miss Gustafson was a faithful nurse who will be missed by her coworkers. Burial was at Homeland, Fla.

Mrs. Brummage (Helen E. Harris, class of 1894, Allegheny General Hospital, Pittsburgh) at her home in Pittsburgh, June 28.

Catherine D. Price (class of 1895, Reading Hospital, Reading, Pa.) at the Reading Hospital on June 12. Miss Price has been a member of the Alumnae Association since graduation. She was actively engaged in nursing for many years, and was very popular in the nursing world.

Mrs. Elizabeth Schermerhorn Taye (class of 1896, Colorado Training School, Denver, Colo.) on July 16, at the Highland Hospital, Detroit, Mich. Burial was at Bangor, Mich.

Our Contributors

Stanley J. Seeger, M.D., and Lillie A. M. Bennett, R.N., of the Milwaukee Children's Hospital have given us a pair of complementary articles of great interest, such as we particularly like to publish.

Bloomingdale Hospital, of which Dr. William L. Russell is the Medical Director, is a noted private hospital for mental patients.

What fun Lena Dixon Walker has! We can't help wondering if she has given a copy of the National Health Library Index to that splendidly coöperative librarian.

Winthrop M. Phelps, M.D., is in the Department of Surgery of the Yale University Medical School.

Few people are better qualified to discuss Affiliations than is Anna C. Jammé, R.N.

J. Beatrice Bowman, R.N., Superintendent of the Navy Nurse Corps, received so many requests for a history of the Corps that she has given it to the *Journal* "for all the world to see."

Thomas D. Wood, M.D., and Ethel M. Hendrickson are the authors of "Ventilation and Health."

It was quite in character for our good friend Margaret McGregor, R.N., to send us the material about the Indian nurses for good measure when she was answering another question.

Grace G. Sanford, R.N., is a graduate of the Army School of Nursing and is in the Syphilological Clinic at St. Elizabeth's Hospital, Washington, D. C.

Nancy Fry, R.N., writes out of experience at the University of Michigan Hospital, where Miss Titus has worked out a unique plan of graduate service.

The lovely new wing at St. Mary's (Rochester, Minn.) has been open at least a year. It may have been modesty that deterred the Sisters from sending the pictures sooner.

Anna D. Wolf, R.N., is Associate Professor of Nursing, and Superintendent of Nurses, in the University Clinics, The University of Chicago.

The interesting and practical little article on Equipment for Bladder Irrigation comes from Helen W. Paddis, R.N., of the Pasadena, California, Hospital Association.

Mary Beattie Brady is Director of the Harmon Foundation, New York.

Hugh Cabot, M.D., is the Dean of the Medical School of the University of Michigan.

Charlotte Johnson, A.B., R.N., is Superintendent of the Durand Hospital of the John McCormick Institute for Infectious Diseases in Chicago.

Wise Use of Leisure

WHAT is America doing with its added leisure? Hours of labor have decreased, Saturday half-holidays are becoming more general, the five-day week is appearing here and there. What are the people doing with the time?

The Federal Bureau of Education attempts to answer this question in part. It gives, in a statement issued by the Department of the Interior, a measure of university extension work, intended exclusively for adults who want more or special education.

There are 181 universities that are conducting courses which are attended in person by these adult students. Usually the object is to get more education rather than credits to be applied toward an ultimate degree. Those who enroll in these non-credit courses do not need to have had any college experience nor even to have finished high school. Elementary subjects, of course, are not taught. These are not in the province of the extension courses. They can, however, be obtained in night schools that are offered by the public school systems of most cities. Many specialists who would not take a regular teaching position are found willing to instruct groups at special times and places. It thus comes to pass that the extension classes often have quite superior teachers.

There are 104 universities and colleges that are now offering correspondence courses.

The cost to the students of these courses, either through the classroom or correspondence, varies with the institution, but is rarely expensive. Few are barred from these courses by the cost. Few fail to find a chance to study the subjects in which they are specially interested.

To help meet the demands for necessary guidance for sympathetic home study, directed reading courses for specific purposes are conducted by many college and university extension divisions.

Thirty-seven institutions report that they provide home reading courses. The types of courses offered are usually based upon those of the Federal Bureau of Education or those of the American Library Association.

ENGINES. 75 pages. From the American Journal of Nursing, 370 Seventh Ave., New York. Price, 25 cents.

THIS little booklet was written for two boys by their mother. Human bodies are the engines she talks about in a most interesting fashion. So interesting does she make the themes of personal hygiene and the closely allied one of deportment that the reviewer suggests that Freshmen students in our schools for nurses might be interested in reading it in connection with courses in hygiene or in discussions of deportment, since the text suggests such possibilities as that the Golden Rule may be the oil that will best lubricate the engine under some circumstances.

CONVALESCENCE. Historical and Practical. By John Bryant, M.D. 261 pages. Illustrated. The Sturgis Fund of the Burke Foundation, New York, 1927. Price, $5.00.

THE medical profession as well as the laity will agree with me that no subject has been so horribly neglected as the care of convalescents. In 1927 Dr. John Bryant published a book dealing with this subject in its many phases, in which the chronological review dating back to the seventeenth century gives us a most amazing insight into the past. During the eighteenth and nineteenth centuries there was a total lack of interest in convalescence, and the necessity for the revival and survival of this interest was stressed during the World War, in which Dr. Bryant played a most important part. Part two of his book deals with his work in the United States Army, and is a valuable textbook in itself. A most delightful description of what New York is doing for convalescence at the Winifred Masterson Burke Relief Foundation at White Plains is contained in "Convalescence" and written by Dr. Frederic Brush. Dr. Brush's conception of what true convalescence means has made him an international authority on this subject.

The last chapters deal with the problems in public health and the progress and the future, with splendid illustrations and comprehensive plans for convalescent hospitals in the larger cities in the United States.

HELEN A. FOWLER, R.N.
Pennsylvania.

NURSING HISTORY. From the Earliest Days to the Present Time. By Minnie Goodnow, R.N. Fourth Edition. Illustrated. 472 pages. W. B. Saunders Company, Philadelphia. Price, $3.

THIS, the fourth edition, contains some fifty pages more than the previous one. New material and illustrations have been added throughout to bring the book up to date. The general plan remains unchanged.

FOLK LORE OF THE TEETH. By Leo Kanner, M.D. 316 pages. Illustrated. The Macmillan Company, New York. Price, $4.

AN interesting book, based on material gathered from the four quarters of the universe. The frontispiece is the Saint Apollonia the Patroness of Toothache, painted by Carlo Dolci in the 17th Century. The section on "Toothache and Its Cure" is especially intriguing. Of dental surgery it is said:

Dental surgery is known even to some of the most primitive peoples in the form of extraction and in that of cauterization. Artificial

teeth and complete dentures are not very common, but were known to the ancient Egyptians, Etruscans, Hebrews, Grecians and Romans, to the mediæval Arabs and Hindus, and to the Eskimos, Tibetans and Dyaks of today.

CHILDBIRTH. By William G. Lee, M.D. 300 pages. Illustrated. University of Chicago Press, Chicago, 1928. Price, $3.00.

"CHILDBIRTH" by Dr. William G. Lee presents not only a very detailed and clear impression of childbirth with "its inherent possibilities of deviation from normal progress," but brings to our attention many facts which at this time, when more thought is being given to the subject, are worthy of careful consideration.

Dr. Whitridge Williams, some years ago, said that when the women of America knew the value of and need for better obstetrics, then and only then would they have better obstetrics.

Dr. Lee agrees with this and feels that "if there is an insistent demand, usually the effort to meet it is great. The demand for these accessories of childbirth has been, and still is, much limited. Only when there is widespread recognition among pregnant women and their families that the later results of childbirth, even when it has been easy and spontaneous, are good or bad almost in proportion to the skill, attention, and facilities of the attending accoucheur, will careful thought and early attention be given to the securing of competent care. If there is a real and appreciative demand for their services, the supply of able obstetrical attendants will always be adequate."

Whether or not Dr. Lee's book, "Childbirth," is the best way of presenting to the lay mind the importance of the care of mothers during pregnancy, labor and the days following, is a question we might differ in—for the student in obstetrics he has presented the subject in detail as well as most simply. Dr. Lee's Foreword and Afterword should be read and discussed, for it would certainly lead us to think more seriously on questions that are confronting all those interested in the care of mothers and babies.

L. Z., R.N.

New York.

HEALTH AND WEALTH. A Survey of the Economics of World Health. By Louis I. Dublin, Ph.D. 245 pages. With charts and tables. Harper & Brothers, New York.

"MANY persons suppose that vital statistics is a dry subject and that the statistician is a man who tries to express everything, in season and out of season, in figures, losing sight of the human element behind his collection of alleged facts" (p. 208). The world divides into two kinds of persons, those who—like nurses and doctors—work and love to work with people, and who would generally subscribe joyfully to the quoted statement; and those, on the other hand, who deal, work and think in terms of figures and quantities, and who would call the statement, as Doctor Dublin does, "altogether a misconception." Each kind of person has much to learn from the other. Nurses and other personal workers have reason to read and cherish a volume of this kind, because it lifts one out of the interests of the daily task.

Doctor Dublin makes some statistical facts talk, makes them tell stories, answer some questions and raise more questions which he and the reader would like to answer. Are the people of the United States going to increase in number or are we facing a stationary population? He tells us that "Just over three children per mother

is the size of the average family required to keep the population just stationary; that present conditions of reproduction correspond to 3.7 children per mother; and that in the early days of the eighteenth century the average family was just about twice this, while the death rate in those days must have been two times the present death rate. These, and other facts which it is not necessary to recapitulate, are certainly matters of great human interest."

What is to be the future of this country in terms of the number and the quality of the people who shall inhabit it? How much will the work of nurses, doctors, health departments, and hospitals have to do with answering this question? This book gives anxious health workers assurance that medical and public health services have much to do with answering this question. Heredity will have something to do with it, economics will have something to do with it, but medicine, nursing and public health will be factors also in a major way.

Among the numerous subjects treated in the chapters and addresses which Doctor Dublin has gathered together in this book, "The Education of Women for Home-making and Careers," Chapter XI, will come home to many nurses, because in it they will see bits of their own stories, their own problems, enlarged and depersonalized into helpful perspective. "Life, Death and the Negro" (Chapter XII) will give meat to those who work in the South and in dark sections of some northern cities. Public health nurses will find material close to their jobs in such chapters as those on heart disease, tuberculosis, cancer and industrial illness. Many an afternoon tea will have more substance and no less sweetness if some of the participants have read "Has Prohibition Improved the Public Health?" (Chapter XIV). The chapters on "The Family" and "Birth Control" (Chapters VIII and X) are perhaps least satisfactory, because the statistician here enters a field in which there are factors lying beyond his figures, and in which easily misleading preconceptions appear too little recognized by the author.

Staff nurses and directors of nursing organizations will find not only stimulus in some of Doctor Dublin's facts, but also ammunition for meeting opposition or indifference to needs for fuller provision for nursing in institutions or in public health work. What would a business man or a budget committee do if penetrated with these statements? (pp. 9–10). "Every year 120,000 babies die from altogether preventable conditions during the first year of their life. There is no reason for this slaughter except the ignorance of mothers and the indifference of the communities where they live. Possibly it might make a difference if our legislators realized that these babies have a capital value of more than $9,000 if they are boys, and of $4,600 if they are girls, and that the capital lost throughout the country from this preventable infant mortality reaches the astounding figure of more than $750,000,000 a year." "Having due regard for the value of life at each age period, I estimate that the total capital value of the lives which can be saved annually through the application of modern preventive medicine and public health measures is over six billions of dollars."

MICHAEL M. DAVIS.

New York City.

BOOKS RECEIVED

ETHICS: A TEXTBOOK FOR NURSES. By Charlotte Talley, R.N. Second edition. G. P. Putnam's Sons, New York, 1929. Price, $1.75.

Some Other Books Worth Reading

By Isabel Ely Lord

A PORTRAIT of that most incongruous of all the figures in the public life of England may well have as a sub-title, "A Picture of the Victorian Age," as has André Maurois' "Disraeli" (Appleton, $3.00). The book is one of the so-called interpretative biographies, omitting dates so far as to exasperate at least one reader, but sparkling with life, and giving one the feeling that the picture is a true one so far as a single portrait can be. It fits admirably into the group of books now appearing that tell of that much maligned and despised era of our recent past.

Despite late attempts to remove from Benjamin Franklin the stigma of the "materialist" and the "too practical," many still need to realize his splendidly human side, and "My Dear Girl" is well worth reading for this. It is edited by James Madison Stifler, who gives enough of the letters that are the main part of the volume to present a very fair account of the life of the first American philosopher. The letters are chiefly from Franklin to three young girls who enjoyed his friendship in his later days, and a few of their letters to him are added. His own are proof enough that he was both kindly and wise.

Here is a remarkable and quite delightful book, telling of the writing of poetry by children in the Lincoln School, New York—children in the grades as well as in high school—"Creative Youth," edited by Hughes Mearns (Doubleday, $2.50). Two-thirds of the volume go to tell how it has all come about, and this is in itself an excellent treatise on modern ideas of education. The rest of the book gives some of the poetry. If you can read, for example, "The Door Stands Open," unmoved—well, you are a strange person!

It is not everyone who will care for Will Levington Comfort's "Samadhi" (Houghton, $2.50), but for those who like his mysticism the book will be a delight. It is a tale of the elephant world of India, with two wonderful descriptions of the fights, at last to the death, of the good elephant with the "Pariah of the Moon." The description of the latter is good material for nightmares.

Do you ever long for a novel that is not a love story? "Our Mr. Dormer," by R. H. Mottram (Dial Press, $2.50), is an admirable one. It is really the tale of England's commercial conquest of the world. Beginning in 1813, "Our Mr. Dormer," his son, his grandson, and his great granddaughter, carry on in the bank which was Mr. Dormer's whole life, bringing the story down to our day. Mr. Mottram is a master of his art.

Galsworthy's book of essays, "Castles in Spain and Other Screeds" (Scribner, $2.00), is well worth reading. As is natural, most of the volume deals with books and authors, but there are three fine essays on certain aspects of civilization, full of suggestion for every one of us.

Did you know that Henry Holt and Company have now issued Romain Rolland's "Jean Christophe" in one volume at $5.00? It has been in three before, but this is clearly printed and a pleasant volume.

Official Directory

International Council of Nurses.—Sec., Christiane Reimann, 14 Quai des Eaux Vives, Geneva, Switzerland.

The American Journal of Nursing Company. Offices, 370 Seventh Ave., New York. —Pres., Bess M. Henderson, Milwaukee Children's Hospital, Milwaukee, Wis. Sec., Stella Goostray, Children's Hospital, Boston. Treas., Mary M. Riddle, care American Journal of Nursing, New York, N. Y. Elsie M. Lawler, Baltimore; Sally Johnson, Boston; Mrs. Elsbeth Vaughan, St. Louis; Elizabeth G. Fox, Washington, D. C.

Committee on the Grading of Nursing Schools.—Director, May Ayres Burgess, Ph.D., 370 Seventh Ave., New York.

The American Nurses' Association.—Headquarters, 370 Seventh Ave., New York. Pres., S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Sec., Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treas., Jessie E. Catton, New England Hospital for Women and Children, Dimock St., Boston 19, Mass. Headquarters Dir., Janet M. Geister, 370 Seventh Ave., New York. Sections: Private Duty, Chairman, Anna E. Gladwin, 288 E. Voris St., Akron, O. Mental Hygiene, Chairman, Effie J. Taylor, New Haven Hospital, New Haven, Conn. Legislation, Chairman, Josephine E. Thurlow, Cambridge Hospital, Cambridge, Mass. Government Nursing Service, Chairman, Elinor D. Gregg, Bureau of Indian Affairs, Dept. of the Interior, Washington, D. C. Relief Fund Committee, Chairman, Mrs. Janette F. Peterson, 620 South Marengo Ave., Pasadena, Cal. Revision Committee, Chairman, Marie Louis, Muhlenberg Hospital, Plainfield, N. J.

The National League of Nursing Education.—Headquarters, 370 Seventh Ave., New York. Pres., Elizabeth C. Burgess, Teachers College, New York. Sec., Stella Goostray, Children's Hospital, Boston. Treas., Marian Rottman, Bellevue Hospital, New York. Ex. Sec., Blanche Pfefferhorn, 370 Seventh Ave., New York.

The National Organization for Public Health Nursing.—Pres., Mrs. Anne L. Hanson, 121 Franklin St., Buffalo, N. Y. Director, Jane C. Allen, 370 Seventh Ave., New York.

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